

Exhibit 9

SANJA MEDICH

Complainant,

vs.

CORIZON HEALTH, INC.; PHYSICIAN
AFFILIATE GROUP OF NEW YORK, P.C.;
THE NEW YORK CITY HEALTH &
HOSPITALS CORPORATION; and THE
CITY OF NEW YORK

Respondents.

LINDA UNNELAND,

Complainant,

vs.

CORIZON HEALTH, INC. and
THE CITY OF NEW YORK

Respondents.

SERENA THOMPSON,

Complainant,

vs.

CORIZON HEALTH, INC.; PHYSICIAN
AFFILIATE GROUP OF NEW YORK, P.C.;
THE NEW YORK CITY HEALTH &
HOSPITALS CORPORATION; and THE
CITY OF NEW YORK

Respondents.

**U.S. EQUAL EMPLOYMENT
OPPORTUNITY COMMISSION**

**Charge Nos. 520-2016-03017;
520-2016-03018;
520-2016-03039;
520-2016-03041**

**AFFIRMATION OF
JESSICA LEE**

ANNIE PETRARO,

Complainant

v.

CORIZON HEALTH, INC.; PHYSICIAN
AFFILIATE GROUP OF NEW YORK, P.C.;
THE NEW YORK CITY HEALTH &
HOSPITALS CORPORATION; and THE
CITY OF NEW YORK

Respondents.

Jessica Lee, affirms the following under penalty of perjury:

1. I was the Vice President of Operation for Corizon Health Rikers until December 31, 2015 and was responsible for the oversight of Corizon's operations in a few New York City jails, including Rikers Island. I have personal knowledge regarding the allegations made by Sanja Medich, Serena Thompson, Annie Petraro and Linda Unneland in their charges, and submit this Affirmation to address those allegations.

2. Prior to December 31, 2015, Corizon Health, Inc. ("Corizon") provided healthcare services to inmates at certain prisons in the City of New York, including Rikers Island. The services were provided in accordance with a contract between Corizon and the New York City Department of Health and Mental Hygiene ("DOH"). Corizon's contract with the DOH expired on December 31, 2015 and was not renewed. As of January 1, 2016, Corizon no longer provides healthcare services to inmates in the City of New York, including Rikers Island.

3. Corizon's contract with the DOH was for the purpose of providing health care services. Corizon had no responsibility for security in the jail or the conduct of the inmates. At all times, the Department of Corrections ("DOC") was responsible for the security measures required to control the inmates and keep safe all civilians working in the prison.

4. In addition, Corizon did not own or operate the physical facilities at Rikers Island. The DOC was also responsible for implementing physical changes and improvements to the facilities and providing security in the facilities. These safety and security responsibilities fell solely within the province of the DOC, not Corizon.

5. Notwithstanding the fact that security and monitoring the conduct of the inmates were the responsibility of the DOC, Corizon always maintained a zero-tolerance policy with respect to any forms of workplace violence or harassment, including sexual harassment. A true and correct copy of Corizon's sexual harassment policy is attached hereto as Exhibit A.

6. Corizon's policies and practices concerning employee safety were further improved upon after a 2013 Occupational Safety and Health Administration ("OSHA") investigation into alleged incidents of workplace violence by inmates at the facilities. As part of the investigation, Corizon worked with OSHA, and the DOC to prevent physical violence and verbal harassment in the workplace. In November 2014, Corizon implemented a written Workplace Violence Prevention Program which had eight components: (1) an initial orientation and ongoing training; (2) an incident reporting system; (3) a facility-based safety committee; (4) an Island-wide safety committee; (5) a risk management committee; (6) a reporting system for hazardous conditions; (7) an aggressive patient alter system; and (8) a safety suggestion box. (Exhibit B, Workplace Violence Prevention Program at 1-2). As part of Corizon's policy at initial orientation and during training, all employees participate in several orientation modules, including "Prevention of Patient Sexual Abuse" and "Prevention of Sexual Harassment and all forms of Discrimination." (Exhibit B at 3-4). Corizon also partnered with the DOC to provide weekly training known as "Situation Awareness" to new and existing employees to remind them of the potential dangers when encountering inmates and ways to keep safe. The Program also

contains an incident reporting system establishing a procedure by which any employee feeling threatened in the workplace can submit a report to their supervisor or management. Exhibit B at 6. Corizon explicitly made clear that there will be “**zero tolerance for retaliation** against any employee for making a complaint.” Id. at 7 (emphasis in original). In addition, Corizon made clear that inmate discipline is handled by the DOC. Id. Employees were also advised that they may file a complaint against an inmate through the District Attorney’s office. Id.

7. The Workplace Violence Prevention Program also contained policies that established Island-wide and facility-based safety committees and a risk management committee dedicated to ensuring a safe workplace for employees. (Exhibit B at 9, 11). The Island-wide committee inspects various pieces of safety equipment, such as cuff bars and panic alarms, and identifies any potential safety deficiencies, which are then reported to the DOC for corrective action. (Exhibit B at 9-10). Likewise, the risk management committee addresses issues of substantiated employee complaints, unsafe conditions, and identifies opportunities for improvement. (Exhibit B at 11-12).

8. The Program also provided for the implementation of an aggressive patient alert system. (Exhibit B at 14). Inmates with a history of aggression, violence, or who otherwise exhibit dangerous behavior are flagged on their electronic medical records. (Exhibit B). Aggressive patient reports are generated daily and are disseminated to all front line staff. The policy encourages staff to review the aggressive patient report and to inform a DOC corrections officer in the area before seeing a flagged patient. Through the implementation of these policies, Corizon also encouraged employees to submit suggestions for improving safety and security in the workplace through the use of a safety and security suggestion box. Suggestions may be done anonymously. (Exhibit B). Corizon reviewed the suggestions daily,

and those suggestions related to remedial action out of Corizon's control were forwarded to the DOC.

9. After the investigation, Corizon entered into a July 1, 2015 settlement agreement with OSHA whereby it agreed to implement abatement measures to address the situation consistent with the Workplace Violence Prevention Program. A copy of the relevant portions of the settlement agreement are attached hereto as Exhibit C. The remedial measures outlined in the settlement agreement provide employees with a means of reporting and addressing not only workplace violence, but any and all concerns, including sexual harassment. Specifically, Corizon implemented the following:

- A thorough assessment of workplace hazards and recommendations for remedial measures to address identified hazards;
- Revised workplace violence and anti-retaliation policies;
- The creation of site-specific safety committees whereby employees could raise any and all concerns with Corizon;
- A review of Corizon's anonymous complaint hotline used to report any employee concerns; and
- Revised employee training programs for workplace violence.

10. Pursuant to the settlement agreement, Corizon also agreed to seek greater coordination with the DOC in implementing improvements to the physical facilities that were beyond Corizon's control, such as installing panic alarms, cuff bars, immovable inmate seating in health clinics, video cameras, and hallway mirrors.

11. As part of the Workplace Violence Prevention training, employees were reminded that "Corizon Health does not own or operate the correctional facilities and, as such, is

not responsible for providing security to all civilian personnel working in the correctional system. Therefore, for the safety of Corizon employees, all policies and procedures must be followed.” See Exhibit B.

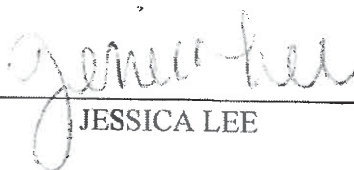
12. At all times before and after the OSHA investigation, Corizon encouraged its employees to be vigilant in the workplace and to promptly report inappropriate inmate conduct. As part of the remedial measure implemented after the investigation, Corizon advised all employees to continue to report incidents of sexual harassment to their supervisor, and to the DOC Clinic Captain, who was best able to remediate instances of alleged sexual harassment involving inmates.

13. Corizon never retaliated against employees for complaining about inappropriate conduct by inmates. Corizon expressly informed employees that it “supports an employee’s independent decision to file an incident report with the [DOC], free from the fear of retaliation, to have an infraction filed against the patient.” Corizon also emphasized that employees have the right to file formal charges against an inmate should it be necessary. A memo sent to all staff provided a phone number for Corizon employees to make these reports. A copy of Corizon’s August 14, 2015 Memorandum entitled “Sexual Harassment by Patients” is attached hereto as Exhibit D.

14. Corizon no longer provides services on Rikers Island and has no knowledge whether the new provider continues to implement the improvements agreed to in the Settlement Agreement.

I affirm that the statements made by me are truthful to the best of my knowledge.

DATED: *November 1, 2016*



JESSICA LEE

Exhibit 10

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Annex A: Scope of Services

The Clinical Contractors shall have the sole responsibility of providing the Medically Necessary Services in accordance with the terms set forth herein, community standards, and the Regulations as defined in Part I, Section III of this Agreement; the Administrative Contractor shall not perform such services. Such services shall be evaluated periodically using the Performance Indicators and "Never Events" specified herein, as well as site visits and document inspections at the Department's discretion. All contract services shall be funded in accordance with the Budget contained in Annex B attached hereto and incorporated herein. The Budget may be modified, as agreed upon, pursuant to Part I, Article IV (A).

I. CLINICAL SERVICES**A. Medical Services.**

CMA shall be solely responsible for providing all Medically Necessary Services on a timely basis, except those requiring treatment at an inpatient hospital and specialty care services which are not included under this agreement, and shall ensure that one or more Physicians employed by or under contract with CMA shall be physically on the premises of each Institution at all times unless otherwise determined by the Department. CMA shall provide services to Inmates transported to the designated Institutions from other DOC-operated facilities when the required medical care is not available at such other facilities. When requested to do so, CMA staff shall participate in the coordination of care between health care settings.

i. Intake.

CMA shall perform an intake examination of all inmates in accordance with protocols and timeframes developed by the Department and consistent with the Minimum Standards promulgated by the New York City Board of Correction ("BOC"). CMA shall make intake examinations available 24 hours per day, seven days per week, and shall assure that staff is assigned efficiently and productively in a manner that minimizes waiting time for patients. The Medical Contractor's Health Services Administrator ("HSA") in each facility shall monitor the flow of new admission processing and make best efforts to ensure that patients do not spend more than four hours from the time they are designated as clinic ready by DOC waiting to complete their new admission histories and physicals. Examinations shall be performed on an expedited basis for patients waiting more than four (4) hours in the clinic. Intake shall include oral health assessment and referral for dental treatment, as necessary.

- a. CMA shall monitor the time from when the patient is presented until the completion of the exam and DOC is notified that the exam has been completed.

- b. CMA shall utilize the most current electronic intake forms and procedures designed and distributed by the Department in accordance with Department policy and procedure. Such forms and procedures may be amended periodically.
- c. All other paper forms and documents that constitute part of a patient's medical record shall be scanned into the patient's electronic medical record in accordance with Department policy. Completion shall include all required signatures.

2. Sick Call.

- a. CMA shall ensure patient access to sick call on a daily basis from Monday through Friday excluding City holidays. Patient health issues will be assessed and treated as clinically indicated under the supervision of a physician.
- b. Medical staff shall treat patients requiring emergency or urgent care immediately upon notification.
- c. CMA shall provide daily cell side assessment of inmates in segregated housing units.

3. Follow-up.

- a. CMA shall, in each Facility, schedule and see patients for follow-up care or treatment as clinically indicated and within clinically and procedurally appropriate timeframes. It shall notify DOC, in accordance with policies and procedures, when patients are required to be seen in clinic for follow-up.
- b. CMA shall ensure that all patients with known or suspected chronic conditions are seen by a clinician for further examination, ongoing treatment and development of a treatment plan.

4. Laboratory Services.

- a. The Contractors shall be responsible for the provision of laboratory services in accordance with community standards. Such services include, but are not limited to, prescribing laboratory tests targeted to diagnose presenting symptoms, and to confirm or rule out suspected conditions. CMA shall review all laboratory results and reports in a timely fashion and perform clinically appropriate treatment.

- b. Laboratory services shall be provided pursuant to a subcontract between Corizon and Bio-Reference Laboratories, Inc. Provision of laboratory services by another subcontractor shall be subject to Department approval.
 - c. The Department shall reimburse Corizon for all reasonable and necessary costs associated with laboratory services in accordance with Annex B.
 - d. Laboratory services shall include, but not be limited to, courier services of lab reports and/or samples, reports as required by CMA and the Department, and the provision of supplies and technical support related to laboratory services.
5. Pharmacy.

CMA shall provide, in accordance with Department policies and procedures, pharmacy management services including but not limited to the preparation and dispensing of medicines prescribed by clinical staff. Pharmacy staff shall be responsible for managing the inventory and submitting all required reports.

6. Specialty Care.

The Clinical Contractors shall provide specialty care services in accordance with Department policies and procedures at Institutions designated by and on a schedule approved by the Department. On-Island specialty care services to be provided by CMA/CDA shall include: Cardiology, Nephrology, Optometry, Orthopedics, Oral Surgery, Physical Therapy, Podiatry, Surgery and OB/GYN, at the hours of service specified in Attachment 4 attached hereto and incorporated by reference. This list is subject to change upon request from the Department subject to Part I Article IV.A.1 of this Agreement. The Clinical Contractors shall immediately notify the Department if at any time it is not able to provide specialty care services as otherwise scheduled by the Department.

The Clinical Contractors may utilize subcontractors to provide specialty care services, subject to Department approval.

At the discretion of the Department, CMA may hire a certified specialist in wound care to provide care in the NIC and other designated facilities, as deemed necessary.

7. Emergency Care.

CMA shall provide emergency services, intervention and referrals 24 hours/day, 7 days/week and shall designate the staff person at each facility, prior to each tour, to respond to medical emergencies. Depending upon the severity of the emergency, inmates may be treated at the facility, at Urgicare

or transferred to a hospital in accordance with the Department's protocol and Article VII of the Agreement.

All medical and nursing staff shall participate annually in an Emergency Training program, with "man down" drills to be held in each Institution for staff assigned to each tour. Such drills are to be critiqued by supervisory staff. Reports documenting each individual's participation in the Emergency Training program shall be presented to the CHS Medical Director at CHS Clinical Multi-disciplinary Quality Improvement Committee meetings.

8. Infection Control.

CMA shall maintain an Infection Control Program monitored by the Infection Control Committee, a multidisciplinary committee including medical, nursing, administrative and ancillary personnel of CMA responsible for making decisions and implementing programs designed to effect maximum protection for inmates and staff. There shall be an Infection Control Coordinator—to be designated by CMA and who shall report to the Department's Director of Nursing—to implement programs and act as liaison with the Department and other interested government agencies including the Centers for Disease Control and Prevention. Infection Control staff shall offer training to staff on such matters as infection control, decontamination and isolation based on appropriate laws, regulations and federal guidelines.

9. Chronic Conditions.

The Clinical Contractors shall treat inmates with chronic medical conditions in accordance with Department Policies and Procedures, as amended from time to time. Chronic care diagnosis and treatment shall be informed by available resources, including, but not limited to, consultation with specialists or Site Medical Directors and/or Department-selected electronic resources such as UpToDate.

CMA shall provide hemodialysis to all patients requiring such services. All patients shall be assessed by a nephrologist employed by CMA who shall determine and implement an appropriate treatment plan.

10. Substance Abuse Treatment.

CMA shall assess patients during the intake examination for alcohol and drug dependency and/or symptoms of withdrawal. As appropriate, patients will be detoxified and referred to program counselors. Patients may be housed in the infirmary for close monitoring. Mental health staff shall also evaluate all inmates admitted to mental health services for the presence of substance abuse and may, as clinically appropriate, refer inmates for participation in the Co-Occurring Treatment Disorders Unit housed in a mental health observation

unit. Appropriate patients will be considered for methadone maintenance and, when appropriate, enrolled in the KEEP (methadone maintenance/opiate detoxification) program. CMA shall also cooperate with and implement additional substance abuse programs initiated by the Department, including ARNT ("A Road Not Taken"), an evidence-based substance abuse treatment program based on the tenets of Cognitive Behavioral Therapy, Motivation Interviewing, and Therapeutic Communities that addresses criminogenic thinking and underlying drug addiction.

11. Sharps.

CMA shall count sharps at the change of each tour and record the count. Such record shall be submitted to the Department and DOC. CMA shall immediately report discrepancies to DOC and the Department. The Department and DOC reserve the right to conduct random, unscheduled audits and to supervise the count.

12. Pilot Programs.

The Department reserves the right to develop protocols and/or pilot programs that the Contractors will implement. Such protocols and/or pilot programs may include, but will not be limited to chronic care management and the distribution of certain over-the-counter medications. The Department shall review the Budget implications of any such protocols or pilot programs and may modify Annex B to fund such projects if it determines that additional funding is required.

The Department shall provide CMA with a written proposal, specifying the scope, duration, and anticipated performance standards of any pilot project. CMA, through its management services provider, Corizon, shall respond with a cost estimate with respect to such proposed project. No pilot project shall proceed without the final approval of the Assistant Commissioner.

13. Reporting.

CMA shall be responsible for reporting to the designated Department bureau all communicable diseases, including, but not limited to, sexually transmitted diseases, as required by law and regulation.

14. Disaster Planning/Emergencies.

- a. The Contractors shall review their disaster plans annually and revise them as necessary. Such plans will be consistent with National Commission on Correctional Health Care (NCCHC) or other applicably recognized standards, and appropriate drills will be conducted to ensure preparedness for emergency. The Contractors shall, within 30 days from the effective

date of this Agreement, submit to the Department for review and approval the most current version of the plan.

- b. The Contractors shall participate, as necessary and appropriate, in the Emergency Preparedness Plan in cooperation with DOC and the Department. An appropriate member of the Contractors' staff shall be present in the DOC Emergency Command Center whenever it is activated.
- c. The Contractors shall provide all contract services in a timely and appropriate manner regardless of the occurrence of any unanticipated incidents, contingencies or circumstances at the Institutions, and regardless of fluctuations in the Inmate census, except to the extent prevented by disasters, catastrophes or other acts of God or strikes by non-Contractor personnel. The Contractors shall have developed contingency plans approved by the Department that ensure the availability of staffing sufficient to provide all contract services in the event of an emergency (e.g., job action or strike by health professionals or other employees, emergency opening of a closed housing area of Institution which necessitates additional staff beyond the number and type of health professionals specified herein). The Contractors recognize that certain circumstances (including, but not limited to, Inmate riots or rebellions or actions by DOC) may cause a temporary disruption in the normal volume of, or demand for, contracted services. The Contractors agree that, upon cessation of any such disruption, they will meet any increased volume of such services in accordance with, and within the time limits specified in this Agreement.
- d. In the event of an emergency including DOC changes in the location or classification of a jail when advance notice is not possible, the Contractors shall have thirty (30) days in which to implement a contingency plan, with respect to each Contractor's respective services contemplated hereunder, which shall be approved by the Department. Such plan may allow "holiday" staffing. At the end of thirty (30) days, the Contractors and their subcontractors shall provide full applicable services, as provided herein.
- e. The Contractors shall cooperate fully with the Department to provide emergency or other services not otherwise specified herein whenever an emergency is declared by the City of New York or upon request from the Department, the New York City Office of Emergency Management or by another city agency on behalf of the Mayor of the City of New York. Such cooperation may include, but is not limited to, the provision of medical services by staff employed by CMA in locations to be determined.

15. Emergency Care for Non-Inmates.

In the event a DOC employee or other non-inmate is injured or becomes ill, CMA shall stabilize the condition of such person and call 911 or make a referral to the DOC Health Management Division, as appropriate.

If a DOC or DOHMH employee or an employee of the Contractors is exposed to a blood-borne pathogen in one of the Institutions, or in a job-related accident, CMA shall provide initial post-exposure prophylaxis as clinically indicated. See also Article II.C., below, "DOC-related Activities."

16. Women's Health Care Services.

- a. CMA shall provide comprehensive medical, mental health, and psychosocial services as clinically indicated at RMSC including but not limited to obstetrics and gynecology, mental health, preventive health (including PAP smears and mammograms), communicable disease screening and treatment, and substance abuse/dependence screening and treatment.
- b. All pre-natal care shall be provided in accordance with the standards of care promulgated by the American College of Obstetrics and Gynecology in addition to the Department's policies and procedures.

17. Infants.

- a. CMA shall provide on-site well-baby health care services, sick call and emergency care to Infants, and child care and parenting services to their Inmate mothers, as set forth herein and in the Nursery Program Policy and Procedures. Any Infant requiring health care at a level not available in the nursery (or by RMSC staff when nursery medical staff is not on duty—see (b) below) will be transported by EMS to a Designated Hospital (or to another hospital, if required in an emergency). The Contractors will bear no responsibility for the costs of such transportation, the timeliness of the response by EMS to a call for service, or the care that EMS or the hospital provides or fails to provide.
- b. When the Nursery medical staff is not on duty, it shall be the responsibility of CMA's staff at RMSC to respond to sick calls and emergencies in the Nursery. Such staff, in conjunction with the Urgicare, shall be responsible for determining when an Infant is to be transferred to a Designated Hospital and shall identify a staff member to accompany the Infant to the hospital.

18. Prosthetic Devices.

With the prior approval of the Department, Corizon may, employing a competitive selection process, enter into one or more agreements for the on-site fitting and dispensing of prostheses including but not limited to eyeglasses, dentures and/or hearing aids. In the event of such Agreement, the Medical Contractor and, as its management services provider, Corizon, shall cooperate with the Department to develop and implement a protocol for the fitting, delivery within the Facilities and in the community, storage and disposal of such devices.

19. Transitional Healthcare.

CMA, and as its management services provider, Corizon shall cooperate with the CHS Transitional Healthcare Coordination unit ("THCC") and implement initiatives designed to increase medically appropriate community referrals for inmates upon re-entry, including those with chronic illness, promote better access to healthcare and improve screening and education. The Contractors shall provide THCC with access, as needed, to charts and data.

CMA shall refer patients with chronic diseases to THCC, as necessary, prior to release to the community.

20. Accreditation.

The Contractors will cooperate fully with any effort that may be taken by the Department to obtain and maintain any applicable accreditation of all Institutions during the term of the Agreement on a schedule to be mutually agreed upon. Subject to the provisions of Annex B, activities associated with such an accreditation process shall be paid for or reimbursed by the Department.

21. Patient Relations Program.

The Clinical Contractors shall cooperate with the Department in a patient relations program to address patient inquiries and complaints pursuant to Article XIII below and the Department's Policy regarding "Patient Complaints and Requests for Second Opinions." The Clinical Contractors shall assist, where possible, the Department in ensuring patient compliance with medical treatment plans.

22. Human Rights.

The Contractors shall participate in Department efforts to safeguard and promote human rights of patients, including but not limited to initiatives regarding dual loyalty and patient autonomy.

23. Condom Distribution.

CMA shall participate in a condom distribution program in accordance with Department policies and procedures.

B. Dental Services.

1. CDA shall, in accordance with Department policies and procedures, provide dental care and treatment including, but not limited to, dental examinations; instruction on oral hygiene; emergency care; oral cancer screening; diagnosis; oral prophylactics; endodontics; restoration; periodontics; access to specialty care as clinically necessary; dental prosthetics as prescribed by a dentist; and oral surgery. Dental services shall be available on a schedule to be determined jointly by CDA and the Department.
2. CMA shall provide oral cancer screening at intake. If a dental consult is generated, a more comprehensive dental exam shall be performed. The dentist shall do a screening as clinically indicated followed by referral for oral surgery as medically appropriate.
3. CDA staff shall utilize the Electronic Medical Records system created for the Department by eCW. CDA shall use and maintain computer software and radiology equipment to enable access to dental records from any Facility.
4. Dental staff shall count all sharps no less frequently than twice each day: once at the beginning of the shift and once at the end of the shift and maintain records pursuant to an approved protocol which includes timely reporting to the Department and DOC. The Department and DOC reserve the right to conduct random unscheduled audits and to supervise the count.

C. Mental Health Services.

1. Timely and Appropriate Mental Health Services.

Services shall be provided in accordance with all applicable laws and regulations including but not limited to the Minimum Standards promulgated by the New York City Board of Correction and the New York State Commission of Correction.

- a. Psychiatric services shall be provided in the Mental Health Center at all times. Patients who have routine referrals for mental health services shall be evaluated within 72 hours of referral. Emergency referrals shall be processed immediately and evaluated by the first available staff. Patients who require inpatient hospitalization shall be promptly referred to the appropriate Designated Hospital psychiatric facility. Patients identified as requiring continued mental health treatment shall be scheduled for follow-

up appointments with an appropriate mental health staff member and shall receive services consistent with the Regulations and Department Policies and Procedures. Patients shall be assigned to the appropriate housing location. Psychotropic medication shall be prescribed and safely administered according to accepted medical practice standards and Department policies. Suicide prevention measures shall be performed according to Department policy.

- b. CMA shall utilize the most current forms designed and distributed by the Department. Such forms may be amended periodically.
- c. At the discretion of the Department, CMA may pilot treatment protocols including but not limited to the organization of an Intensive Treatment Unit for the identification and treatment of inmates with personality disorders.

II. DOC-RELATED ACTIVITIES

A. Cooperation.

CMA shall cooperate with DOC. Such cooperation shall include: (i) the completion for each Inmate, upon admission to the Institution, a Department form that will indicate any contraindications connected with the use of stun shields or chemical agents (or other specified security equipment) by DOC personnel and notification to DOC staff that the use of a stun shield or chemical agent (or other specified security equipment) is or is not contraindicated; (ii) assistance in implementing a program pursuant to which certain terminally ill Inmates are released from the custody of DOC (the "Compassionate Release Program"); (iii) completing an Injury to Inmate form as appropriate; (iv) completing a Heat Sensitive form consistent with Regulations; and (v) medical screening of Inmates referred into DOC programs.

B. Food Handlers.

CMA shall process the Certification of Food Handlers in accordance with DOHMH guidelines and DOC requirements. When the DOC requests food handling clearances for inmates, CMA shall conduct a chart review that includes a review of the inmate's admission history and physical, laboratory studies, PPD test and chest x-ray, and health or mental health conditions. CMA shall complete the certification process for each individual within 24 hours. In the event that the Department revises its protocol for screening and testing for tuberculosis, CMA shall provide tuberculosis screening tests and chest X-rays as necessary and appropriate for Certification of Food Handlers.

Attachment 1 -Staffing Requirements

Staffing Pattern for
Anna M. Kross Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Asst. Medical Director	8	8	8	8	8			40	1.0
Physician	40	40	40	40	40	24	16	240	6.0
Physician Assistant	56	56	56	56	56	16	8	304	7.6
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist	16	16	16	16	16	16	16	112	2.8
Pharmacist - Float	8	8	8	8	8	0	0	40	1.0
Pharmacy Tech	36	36	36	36	36	40	40	260	6.5
Pharmacy Tech - Float	8	8	8	8	8	0	0	40	1.0
RNs	32	32	32	32	32	24	24	208	5.2
LPNs	24	24	24	24	24	32	32	184	4.6
PCA	16	16	16	16	16	8	8	96	2.4
Senior Psychiatrist	16	16	16	16	16			80	2.0
Psychiatrist	24	24	24	24	24	32	32	184	4.6
Psychiatrist--float	8	8	8	8	8			40	1.0
Mental Health Clinician--float	24	24	24	24	24			120	3.0
Mental Health Clinician	32	32	32	32	32	32	32	224	5.6
Mental Health Manager	8	8	8	8	8			40	1.0
Asst. Mental Health Manager	16	16	16	16	16			80	2.0
Clinical Supervisor	16	16	16	16	16	16	16	112	2.8
Substance Abuse Counselor	16	16	16	16	16			80	2.0
Mental Health Secretary	8	8	8	8	8			40	1.0
Mental Health Clerk	16	16	16	16	16	12	8	100	2.5
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	16	16	16	16	16	8	8	96	2.4
Medical Records Clerk - Float	0	0	0	0	0	0	0	0	0.0
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	16	16	16	16	16	24	16	120	3.0
Physician Assistant	24	24	24	24	24	16	8	144	3.6
Pharmacist	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	36	36	36	36	36	36	36	262	6.3
Pharmacy Tech - Float	8	8	8	8	8	8	8	56	1.4
RNs	24	24	24	24	24	24	24	168	4.2
LPNs	32	32	32	32	32	32	32	224	5.6
PCA	8	8	8	8	8	8	8	56	1.4
Psychiatrist	32	32	32	32	32	32	32	224	5.6
Clinical Supervisor	16	16	16	16	16	16	16	112	2.8
Mental Health Clinician	32	32	32	32	32	32	32	224	5.6
Substance Abuse Counselor	8	8	8	8	8			40	1.0
Mental Health Clerk	0	0	0	0	0			0	0.0
Medical Records Clerk	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk - Float	0	0	0	0	0	0	0	0	0.0
NIGHT SHIFT									
Physician	16	16	16	16	16	16	8	104	2.6
Physician Assistant	16	16	16	16	16	16	16	112	2.8
RNs	16	16	16	16	16	16	16	112	2.8
LPNs	16	16	16	16	16	24	24	128	3.2
PCA	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
Medical Records Clerk - Float	0	0	0	0	0			0	0.0
Mental Health Clinician	8	8	8	8	8	8	8	56	1.4
Psychiatrist	8	8	8	8	8	8	8	56	1.4
TOTAL HOURS/FTE per week								5276	131.90

Staffing Pattern for
Robert N. Davoren Detention Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Physician	16	16	16	16	16	8	8	96	2.4
Physician Assistant	16	16	16	16	16	8	8	96	2.4
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist - Float	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech - Float	4	4	4	4	4	8	8	36	0.9
RNs	16	16	16	16	16	8	8	96	2.4
LPNs	8	8	8	8	8	8	8	56	1.4
PCA	8	8	8	8	8	8	8	56	1.4
Senior Psychiatrist	8	8	8	8	8			40	1.0
Psychiatrist	0	0	0	0	0	8	8	16	0.4
Mental Health Clinician	16	16	16	16	16	8	8	96	2.4
Unit Chief	8	8	8	8	8			40	1.0
Clinical Supervisor	8	8	8	8	8		8	48	1.2
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	16	16	16	16	16	8	8	96	2.4
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	16	16	16	16	16	8	96	2.4
Pharmacy Tech - Float	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	4	4	4	4	4			20	0.5
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	8	8	8	8	8	8	8	56	1.4
PCA	8	8	8	8	8	8	8	56	1.4
Psychiatrist--float	8	8	8	8	8			40	1.0
Psychiatrist	4	4	4	4	4			20	0.5
Mental Health Clinician	24	24	24	24	24			120	3.0
Mental Health Clerk	8	8	8	8	8			40	1.0
Medical Records Clerk	8	8	8	8	8	8	8	56	1.4
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	8	8	8	8	8	8	8	56	1.4
PCA	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
TOTAL HOURS/FTE per week								1924.0	48.10

Staffing Pattern for
Anna M. Kross Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Asst. Medical Director	8	8	8	8	8			40	1.0
Physician	40	40	40	40	40	24	16	240	6.0
Physician Assistant	56	56	56	56	56	16	8	304	7.6
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist	16	16	16	16	16	16	16	112	2.8
Pharmacist - Float	8	8	8	8	8	0	0	40	1.0
Pharmacy Tech	36	36	36	36	36	40	40	260	6.6
Pharmacy Tech - Float	8	8	8	8	8	0	0	40	1.0
RNs	32	32	32	32	32	24	24	208	5.2
LPNs	24	24	24	24	24	32	32	184	4.6
PCA	16	16	16	16	16	8	8	96	2.4
Senior Psychiatrist	16	16	16	16	16			80	2.0
Psychiatrist	24	24	24	24	24	32	32	184	4.6
Psychiatrist-float	8	8	8	8	8			40	1.0
Mental Health Clinician-float	24	24	24	24	24			120	3.0
Mental Health Clinician	32	32	32	32	32	32	32	224	5.6
Mental Health Manager	8	8	8	8	8			40	1.0
Asst. Mental Health Manager	16	16	16	16	16			80	2.0
Clinical Supervisor	16	16	16	16	16	16	16	112	2.8
Substance Abuse Counselor	16	16	16	16	16			80	2.0
Mental Health Secretary	8	8	8	8	8			40	1.0
Mental Health Clerk	16	16	16	16	16	12	8	100	2.5
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	16	16	16	16	16	8	8	96	2.4
Medical Records Clerk - Float	0	0	0	0	0	0	0	0	0.0
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	16	16	16	16	16	24	16	120	3.0
Physician Assistant	24	24	24	24	24	16	8	144	3.6
Pharmacist	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	36	36	36	36	36	36	36	252	6.3
Pharmacy Tech - Float	8	8	8	8	8	8	8	56	1.4
RNs	24	24	24	24	24	24	24	168	4.2
LPNs	32	32	32	32	32	32	32	224	5.6
PCA	8	8	8	8	8	8	8	56	1.4
Psychiatrist	32	32	32	32	32	32	32	224	5.6
Clinical Supervisor	16	16	16	16	16	16	16	112	2.8
Mental Health Clinician	32	32	32	32	32	32	32	224	5.6
Substance Abuse Counselor	8	8	8	8	8			40	1.0
Mental Health Clerk	0	0	0	0	0			0	0.0
Medical Records Clerk	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk - Float	0	0	0	0	0	0	0	0	0.0
NIGHT SHIFT									
Physician	16	16	16	16	16	16	8	104	2.6
Physician Assistant	16	16	16	16	16	16	16	112	2.8
RNs	16	16	16	16	16	16	16	112	2.8
LPNs	16	16	16	16	16	24	24	128	3.2
PCA	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
Medical Records Clerk - Float	0	0	0	0	0			0	0.0
Mental Health Clinician	8	8	8	8	8	8	8	56	1.4
Psychiatrist	8	8	8	8	8	8	8	56	1.4
TOTAL HOURS/FTE per week								5276	131.90

Staffing Pattern for
Robert N. Davoren Detention Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Physician	16	16	16	16	16	8	8	96	2.4
Physician Assistant	16	16	16	16	16	8	8	96	2.4
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist - Float	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech - Float	4	4	4	4	4	8	8	36	0.9
RNs	16	16	16	16	16	8	8	96	2.4
LPNs	8	8	8	8	8	8	8	56	1.4
PCA	8	8	8	8	8	8	8	56	1.4
Senior Psychiatrist	8	8	8	8	8			40	1.0
Psychiatrist	0	0	0	0	0	8	8	16	0.4
Mental Health Clinician	16	16	16	16	16	8	8	96	2.4
Unit Chief	8	8	8	8	8			40	1.0
Clinical Supervisor	8	8	8	8	8		8	48	1.2
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	16	16	16	16	16	8	8	96	2.4
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	16	16	16	16	16	8	96	2.4
Pharmacy Tech - Float	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	4	4	4	4	4			20	0.5
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	8	8	8	8	8	8	8	56	1.4
PCA	8	8	8	8	8	8	8	56	1.4
Psychiatrist--float	8	8	8	8	8			40	1.0
Psychiatrist	4	4	4	4	4			20	0.5
Mental Health Clinician	24	24	24	24	24			120	3.0
Mental Health Clerk	8	8	8	8	8			40	1.0
Medical Records Clerk	8	8	8	8	8	8	8	56	1.4
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	8	8	8	8	8	8	8	56	1.4
PCA	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
TOTAL HOURS/FTE per week								1924.0	48.10

Staffing Pattern for
Eric M. Taylor Center (previously CIFM)

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Physician	32	32	32	32	32	8	8	176	4.4
Physician Assistant	24	24	24	24	24	16	16	152	3.8
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist	8	8	8	8	8	8	8	56	1.4
Pharmacist - float	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	12	12	12	12	12	8	8	76	1.9
Pharmacy Tech - Float	8	8	8	8	8	0	0	40	1.0
RNs	24	24	24	24	24	8	8	136	3.4
LPNs	16	16	16	16	16	16	16	112	2.8
PCA	16	16	16	16	16	16	16	112	2.8
Senior Psychiatrist	8	8	8	8	8			40	1.0
Psychiatrist	8	8	8	8	8	8	8	56	1.4
Mental Health Clinician	16	16	16	16	16	8	8	96	2.4
Mental Health Clerk	8	8	8	8	8			40	1.0
Unit Chief	8	8	8	8	8			40	1.0
Clinical Supervisor	8	8	8	8	8	8	0	46	1.2
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	8	8	8	8	8	0	0	40	1.0
Medical Records Clerk- Float	0	0	0	0	0			0	0.0
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	16	16	16	16	16	8	8	96	2.4
Pharmacy Tech	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech - Float	0	0	0	0	0	4	4	8	0.2
RNs	16	16	16	16	16	8	8	96	2.4
LPNs	16	16	16	16	16	16	16	112	2.8
PCA	8	8	8	8	8	8	8	56	1.4
Psychiatrist--float	8	8	8	8	8			40	1.0
Mental Health Clinician	16	16	16	16	16	0	0	80	2.0
Substance Abuse Counselor	4	4	4	4	4			20	0.5
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
Medical Records Clerk- Float	0	0	0	0	0			0	0.0
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	16	16	16	16	16	16	16	112	2.8
PCA	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
TOTAL HOURS/FTE per week								2432.0	60.80

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Staffing Pattern for
George Motchan Detention Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Physician	16	16	16	16	16	8	8	96	2.4
Physician Assistant	32	32	32	32	32	8	8	136	4.4
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist	8	8	8	8	8	8	8	56	1.4
Pharmacist - Float	8	8	8	8	8	4	4	48	1.2
Pharmacy Tech	12	12	12	12	12	8	8	76	1.9
Pharmacy Tech - Float	8	8	8	8	8	8	0	48	1.2
RNs	16	16	16	16	16	8	8	96	2.4
LPNs	16	16	16	16	16	8	8	96	2.4
PCA	8	8	8	8	8			40	1.0
Senior Psychiatrist	8	8	8	8	8			40	1.0
Psychiatrist	12	12	12	12	12	8	8	76	1.9
Mental Health Clinician	24	24	24	24	24	8	8	136	3.4
Mental Health Clinician (Grant)	8	8	8	8	8			40	1.0
Mental Health Clerk	8	8	8	8	8			40	1.0
Unit Chief	8	8	8	8	8			40	1.0
Clinical Supervisor	8	8	8	8	8	0	0	40	1.0
Medical Records Administrator	0	0	0	0	0			0	0.0
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
Medical Records Clerk - Float	0	0	0	0	0			0	0.0
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	8	8	8	8	8	8	8	56	1.4
RNs	8	8	8	8	8	16	16	72	1.8
Clinical Supervisor	4	4	4	4	4			20	0.5
Psychiatrist--float	8	8	8	8	8			40	1.0
Mental Health Clinician	24	24	24	24	24	0	0	120	3.0
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
RNs	16	16	16	16	16	16	16	112	2.8
TOTAL HOURS/FTE per week								1852	47.30

Staffing Pattern for
George R. Vierno Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Site DON	8	8	8	8	8			40	1.0
Physician	16	16	16	16	16	8	8	96	2.4
Physician Assistant	16	16	16	16	16	8	8	96	2.4
Pharmacist - Float	12	12	12	12	12	8	8	76	1.9
Pharmacy Tech - Float	8	8	8	8	8	8	8	56	1.4
RNs	12	12	12	12	12	8	8	76	1.9
LPNs	16	16	16	16	16	8	8	96	2.4
PCA	8	8	8	8	8			40	1.0
Senior Psychiatrist	8	8	8	8	8			40	1.0
Psychiatrist	8	8	8	8	8	8	8	56	1.4
Mental Health Clinician	58	58	58	58	58	16	16	322	8.06
Mental Health Clerk	8	8	8	8	8			40	1.0
Unit Chief (charge w/AA/est)	8	8	8	8	8			40	1.0
Clinical Supervisor	20	20	20	20	20			100	2.5
Medical Records Administrator	0	0	0	0	0			0	0.0
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
Medical Records Clerk - Float			0	0	0			0	0.0
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	0	0	40	1.0
Pharmacy Tech - Float	8	8	8	8	8	4	4	48	1.2
Pharmacy Tech	4	4	4	4	4			20	0.5
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	16	8	8	8	16	8	8	72	1.8
PCA Float	8	8	8	8	8			40	1.0
Psychiatrist	8	8	8	8	8			40	1.0
Mental Health Clinician	24	24	24	24	24	0	0	120	3.0
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	8	8	8	8	8	8	8	56	1.4
TOTAL HOURS/FTE per week								1954	48.85

**Staffing Pattern for
North Infirmiry Command**

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Physician	16	16	16	16	16	8	8	96	2.4
Physician Assistant	40	40	40	40	40	8	8	216	5.4
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist - Float	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech - Float	12	12	12	12	12	8	8	76	1.9
RNs	32	32	32	32	32	32	32	224	5.6
LPNs	24	24	24	24	24	24	24	168	4.2
PCA	4	4	4	4	4			20	0.5
Nurse Aides	24	24	24	24	24	24	24	168	4.2
Senior Psychiatrist	8	8	8	8	8			40	1.0
Mental Health Clinician--float	8	8	8	8	12			44	1.1
Mental Health Clinician	8	8	8	8	8			40	1.0
Mental Health Clinician - AMOU						4	4	8	0.2
Unit Chief Infirm.(sharewNIC Main)	8	8	8	8	8			40	1.0
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	8	8	8	8	8	0	0	40	1.0
Medical Records Clerk - Float	8	8	8	8	8			40	1.0
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech - Float	8	8	8	8	8	4	4	48	1.2
RNs	32	32	32	32	32	24	24	208	5.2
LPNs	24	24	24	24	24	24	24	168	4.2
Nurse Aides	24	16	16	24	24	16	16	136	3.4
Medical Records Clerk	0	0	8	8	0	0	0	16	0.4
Mental Health Clinician - AMOU	8	8	8	8	8			40	1.0
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	0	0	0	0	0	8	8	16	0.4
RNs	32	32	32	32	32	24	24	208	5.2
LPNs	16	16	16	16	16	16	16	112	2.8
Nurse Aides	24	24	24	24	24	16	16	152	3.8
TOTAL HOURS/FTE per week								2748.0	68.70

~ Staffing Pattern for
Otis Bantum Correctional Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Physician	24	24	24	24	24	16	8	144	3.6
Physician Assistant	24	24	24	24	24	16	16	152	3.8
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist	12	12	12	12	12	12	12	84	2.1
Pharmacist - Float	4	4	4	4	4	0	0	20	0.5
Pharmacy Tech - Float	12	12	12	12	12	8	8	76	1.9
LPNs	8	8	8	8	8	16	16	72	1.8
PCA	16	16	16	16	16	8	8	96	2.4
Senior Psychiatrist	8	8	8	8	8			40	1.0
Psychiatrist	8	8	8	8	8	8	8	56	1.4
Mental Health Clinician—float	16	16	16	16	16			80	2.0
Mental Health Clinician	16	16	16	16	16	8	8	96	2.4
Mental Health Clerk	8	8	8	8	8			40	1.0
Unit Chief	8	8	8	8	8			40	1.0
Clinical Supervisor	8	8	8	8	8	8	8	56	1.4
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	16	16	16	16	16	16	8	104	2.6
Pharmacy Tech	12	12	12	12	12	12	12	84	2.1
Pharmacy Tech - Float	4	4	4	4	4	4	4	28	0.7
LPNs	8	8	8	8	8	16	16	72	1.8
PCA	8	8	8	8	8	8	8	56	1.4
Clinical Supervisor	4	4	4	4	4			20	0.5
Psychiatrist—float	8	8	8	8	8			40	1.0
Psychiatrist	8	8	8	8	8	8	8	56	1.4
Mental Health Clinician	16	16	16	16	16	8	8	96	2.4
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
LPNs	8	8	8	8	8	16	16	72	1.8
PCA	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk	0	0	0	0	0			0	0.0
TOTAL HOURS/FTE per week								2064.0	51.60
RN 12-Hour Tour Matrix									
Day Tour 8:00AM to 8:00PM									
RNs	24	24	24	24	24	12	12	144	3.6
Night Tour 8:00PM to 8:00AM									
RNs	24	24	24	24	24	12	12	144	3.6
Total Hours/FTE per week								288	7.2
GRAND TOTAL HRS/FTE per week									
								2352.0	58.8

Staffing Pattern for
CDU at West

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	16	16	16	16	16	8	8	96	2.4
Pharmacist - float	4	4	4	4	4	4	4	28	0.7
Pharmacy Tech - Float	4	4	4	4	4	4	4	28	0.7
RNs	16	16	16	16	16	16	16	112	2.8
PCA	12	16	8	16	8	8	8	76	1.9
Nurse Aides	8	8	8	8	8	8	8	8	0.0
X-Ray Technician/CT Tech	28	20	28	20	28	8	8	140	3.5
Radiology Clerks	16	16	16	16	16			80	2.0
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
RNs	16	16	16	16	16	16	16	112	2.8
X-Ray Technician/CT Tech	12	12	12	12	12			60	1.5
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
RNs	16	16	16	16	16	16	16	112	2.8
Hemodialysis RN	13	0	13	0	14			40	1.0
HemodialysisTech	13	0	13	0	14			40	1.0
TOTAL HOURS/FTE per week								1324.0	33.10

UrgiCare Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Physician	8	8	8	8	8	8	8	0	0.0
RNs- LPN	8	8	8	8	8	8	8	56	1.4
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	0	0.0
RNs- LPN	8	8	8	8	8	8	8	56	1.4
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	0	0.0
RNs- LPN	8	8	8	8	8	8	8	56	1.4
TOTAL HOURS/FTE per week								168.0	4.20

The UrgiCare Physicians are reflected in the Matrix for informational purposes only.

The UrgiCare Physicians are subcontractors, and as such, their total hours and FTEs are reflected as 0 in the Matrix.

**Staffing Pattern for
Rose M. Singer Center**

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Site Medical Director	8	8	8	8	8			40	1.0
Asst. Site Medical Director	8	8	8	8	8			40	1.0
Physician	40	40	40	40	40	16	16	232	5.8
Physician Assistant	48	48	48	48	48	16	16	272	6.8
Director of Nursing	8	8	8	8	8			40	1.0
Pharmacist	16	16	16	16	16	16	16	112	2.8
Pharmacist - float	8	8	8	8	8	0	0	40	1.0
Pharmacy Tech	16	16	16	16	16	12	12	104	2.6
Pharmacy Tech - Float	8	8	8	8	8	8	8	56	1.4
RNs	32	32	32	32	32	24	24	208	5.2
LPNs	24	24	24	24	24	24	24	168	4.2
PCA	8	8	8	8	8	8	8	56	1.4
Nurse Aides	24	24	32	24	24	16	16	160	4.0
X-Ray Technician	8	8	8	8	8	8	8	56	1.4
Senior Psychiatrist	8	8	8	8	8			40	1.0
Psychiatrist	8	8	8	8	8	16	16	72	1.8
Psychiatrist-float	8	8	8	8	8			40	1.0
Mental Health Clinician-float	16	16	16	16	16	8	8	96	2.4
Mental Health Clinician	36	36	36	36	36	24	24	228	5.7
Substance Abuse Counselor	8	8	8	8	8			40	1.0
Mental Health Manager	8	8	8	8	8			40	1.0
Clinical Supervisor	12	12	12	12	12	8	8	76	1.9
Mental Health Secretary	8	8	8	8	8			40	1.0
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk- Float	8	8	8	8	8	0	0	40	1.0
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	16	16	16	16	16	16	16	112	2.8
Physician Assistant	24	24	24	24	24	16	16	152	3.8
Pharmacist	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	16	16	16	16	16	16	16	112	2.8
Pharmacy Tech - float	8	8	8	8	8	4	4	48	1.2
RNs	24	24	24	24	24	24	24	168	4.2
LPNs	16	24	24	24	24	16	16	144	3.6
PCA	8	8	8	8	8	8	8	56	1.4
Nurse Aides	16	16	16	16	16	16	16	112	2.8
Psychiatrist-float	8	8	8	8	8	4		44	1.1
Psychiatrist	8	8	8	8	8	8	8	56	1.4
Mental Health Clinician-float	16	16	16	16	16	8	8	96	2.4
Mental Health Clinician	24	24	24	24	24	16	16	152	3.8
Clinical Supervisor	8	8	8	8	8			40	1.0
Mental Health Clerk	8	8	8	8	8			40	1.0
Medical Records Clerk	16	16	8	8	8	8	8	72	1.8
Medical Records Clerk- Float	8	16	16	16	16	8	8	88	2.2
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
RNs	24	24	24	24	24	24	24	168	4.2
LPNs	16	16	16	16	16	16	16	112	2.8
PCA	8	8	8	8	8	8	8	56	1.4
Nurse Aides	16	16	16	16	16	16	16	112	2.8
TOTAL HOURS/FTE per week								4580	114.50

~ Staffing Pattern for
Manhattan Detention Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Health Services Administrator	8	8	8	8	8			40	1.0
Medical Director	8	8	8	8	8			40	1.0
Physician	16	16	16	16	16	8	8	96	2.4
Physician Assistant	24	24	24	24	24	8	8	136	3.4
Pharmacist	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech - Float	8	8	8	8	8	8	8	56	1.4
RNs	16	16	16	16	16	16	16	112	2.8
LPNs	8	8	8	8	8	8	8	56	1.4
PCA	16	16	16	16	16	8	8	96	2.4
Psychiatrist	8	8	8	8	8	8	8	56	1.4
Mental Health Clinician	8	8	8	8	8	8	8	56	1.4
Mental Health Clerk	8	8	8	8	8			40	1.0
Unit Chief	8	8	8	8	8			40	1.0
Dentist		8			8			16	0.4
Dental Assistant		8			8			16	0.4
Medical Records Adminstrator	8	8	8	8	8			40	1.0
Medical Records Clerk	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk - Float		8	8	8				24	0.6
Administrative Assistant	8	8	8	8	8			40	1.0
EVENING SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
RNs	16	16	16	16	16	16	16	112	2.8
LPNs	8	8	8	8	8	16	16	72	1.8
PCA	16	16	16	16	16	8	8	96	2.4
Pharmacy Tech	8	8	8	8	8	8	8	56	1.4
Psychiatrist	8	8	8	8	8			40	1.0
Mental Health Clinician	8	8	8	8	8	0	0	40	1.0
Medical Records Clerk	8	8	8	8	8	8	8	56	1.4
NIGHT SHIFT									
Physician	8	8	8	8	8	8	8	56	1.4
Physician Assistant	8	8	8	8	8	8	8	56	1.4
RNs	8	8	8	8	8	8	8	56	1.4
LPNs	16	16	16	16	16	16	16	112	2.8
PCA	8	8	8	8	8	8	8	56	1.4
Medical Records Clerk	0	0	0	0	0	0	0	0	0.0
TOTAL HOURS/FTE per week								1992	49.8

**Staffing Pattern for
Regional Office / Services**

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
Program Manager	8	8	8	8	8			40	1.0
Director of Operations	8	8	8	8	8			40	1.0
Medical Director	8	8	8	8	8			40	1.0
Deputy Medical Director	8	8	8	8	8			40	1.0
Diabetic Coordinator	8	8	8	8	8			40	1.0
Dental Director	8	0	8	0	4			20	0.5
Administrative Dentist	16	16	16	16	16			80	2.0
Dentist	32	20	32	32	24			140	3.5
Dental Assistant	32	16	28	24	20			120	3.0
Administrative Dental Assistant	24	16	24	16	24			104	2.6
Dental Assistant Level I	24	16	24	16	24			104	2.6
Nursing Director	8	8	8	8	8			40	1.0
Deputy Dir. Nursing	8	8	8	8	8			40	1.0
Director of Mental Health	8	8	8	8	8			40	1.0
Deputy Dir. Of Mental Health	8	8	8	8	8			40	1.0
Supervising Psychiatrist	16	16	16	16	16			80	2.0
Activity Therapist	4.4	4.4	4.4	4.4	4.4			22	0.6
Director of CCI	8	8	8	8	8			40	1.0
QA RN	32	32	32	32	32			160	4.0
Supervising X-Ray Tech	8	8	8	8	8			40	1.0
Nurse Educator	8	8	8	8	8			40	1.0
Infection Control Coordinator	8	8	8	8	8			40	1.0
Regional ID Nurse	8	8	8	8	8			40	1.0
Regional ID Clerk	8	8	8	8	8			40	1.0
Director of UM/Case Management	8	8	8	8	8			40	1.0
Case Manager	8	8	8	8	8			40	1.0
Sr. Case Manager	8	8	8	8	8			40	1.0
Asst. Director of Operations	8	8	8	8	8			40	1.0
Staff Scheduler	16	16	16	16	16			80	2.0
UM Clerk	8	8	8	8	8			40	1.0
Prenatal Nurse	8	8	8	8	8			40	1.0
Medical Records Director	8	8	8	8	8			40	1.0
Assistant Medical Records Director	8	8	8	8	8			40	1.0
Medical Records Clerk	24	24	24	24	24			120	3.0
Director of Finance	8	8	8	8	8			40	1.0
Accounting Manager	24	24	24	24	24			120	3.0
Accounts Payable Clerk	8	8	8	8	8			40	1.0
Payroll Clerk	24	24	24	24	24			120	3.0
Human Resources Director	8	8	8	8	8			40	1.0
HR Office Manager	8	8	8	8	8			40	1.0
Credentialing Coordinator	8	8	8	8	8			40	1.0
Employee Relations Manager	8	8	8	8	8			40	1.0
Driver	16	16	16	16	16	20	20	120	3.0
Admin Assistant for Materials Mgmt	8	8	8	8	8			40	1.0
Admin Assistant UM	8	8	8	8	8			40	1.0
Admin Assistant for Credentialing	8	8	8	8	8			40	1.0
Receiving Clerk	8	8	8	8	8			40	1.0
Supply Clerk	16	16	16	16	16			80	2.0
IT Director	8	8	8	8	8			40	1.0
IT Operations Manager	8	8	8	8	8			40	1.0
MIS - Network Administrator	8	8	8	8	8			40	1.0
Sr. Help Desk/ Special Projects Tech	8	8	8	8	8			40	1.0
DBA/Sr Developer	8	8	8	8	8			40	1.00
Network Infrastructure/Lead Field Tech	8	8	8	8	8			40	1.00
Clinical Quality Specialist (IT)	16	16	16	16	16			80	2.00
Hardware Field Tech	8	8	8	8	8			40	1.0
IT Help Desk Tech	26	26	26	26	26	40	40	210	5.25
Secretary	40	40	40	40	40			200	5.0
PA - Employee Health	8	8	8	8	8			40	1.0
TOTAL HOURS/FTE per week								3600	90.00

Staffing Pattern for

System Wide Clinical Support

Tour Supervisor (Evenings)	8	8	8	8	8	8	8	56	1.4
Tour Supervisor (Days)							8	16	0.4
Assistant HSA							16	16	0.4
Administrative Assistant							8	8	0.4
Administrative Assistant	8	8	8	8	8	8	8	56	1.4
Tour Supervisor (Nights)	8	8	8	8	8	8	8	56	1.4
Administrative Assistant	8	8	8	8	8	8	8	56	1.4
ID Specialist	24	24	24	24	24			120	3.0
STATISTICAL COORDINATOR	8	8	8	8	8			40	1.0
Clinic Coordinator/Scheduler	72	72	72	72	72			360	9.0
Mental Health Clinician	24	24	24	24	24			120	3.0
Art Therapy Coordinator	16	16	16	16	16			80	2.0
CASAC	16	16	16	16	16			80	2.0
Activity Therapist	8	8	8	8	8			40	1.0
Medical Records Clerks (Brad H)	16	16	16	16	16			80	2.0
Director of Pharmacy	8	8	8	8	8			40	1.0
Asst. Dir of Pharmacy	16	16	16	16	16			80	2.0
Supervising Pharmacists	32	32	32	32	24			152	3.8
Packaging Techs	32	32	32	32	32			160	4.0
Medical Records Clerks	127.4	127.4	127.4	127.4	127.4	127	127	691.94	22.3
Driver Tech	8	8	16	16	16	8	8	80	2.0
Secretary	8	8	8	8	8			40	1.0
Administrative Assistant	8	8	8	8	8			40	1.0
TOTAL HOURS/FTE per week								2676	66.90
TOTAL HOURS/FTE per week								6276	156.90

Secondary Institution (VCBC) Pharmacy Staff

POSITION	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Pharm Tech	8	8	8	8	8	8	8	56	1.4
Pharmacist	8	8	8	8	8	8	8	56	1.4
TOTAL HOURS / FTE - Day								112	2.8
EVENING SHIFT									
Pharm Tech	8	8	8	8	8	8	8	56	1.4
TOTAL HOURS / FTE - Evening								56	1.4
TOTAL HOURS/ FTE per week								168	4.2

**Staffing Pattern for
Substance Abuse Services**

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
DAY SHIFT									
Administrator of Addiction Medicine (EMT)	8	8	8	8	8			40	1.0
Educator/Supervisor (EMTC)	16	16	16	16	16			80	2.0
Methadone Counselor (EMTC)	16	16	16	16	16			80	2.0
Methadone Counselor (RMSC)	8	8	8	8	8			40	1.0
Methadone Counselor (AMKC)	8	8	8	8	8			40	1.0
Secretary (EMTC)	8	8	8	8	8			40	1.0
Substance Abuse Counselor ARNT	8	8	8	8	8			40	1.0
Substance Abuse Cslr (RNDC)	8	8	8	8	8			40	1.0
Substance Abuse Cslr (RMSC)	8	8	8	8	8			40	1.0
LPN (EMTC)	8	8	8	8	8			40	1.0
LPN (RMSC)	8	8	8	8	8			40	1.0
LPN (AMKC)	8	8	8	8	8	8	8	56	1.4
TOTAL HOURS/FTE per week								576.0	14.40

**Staffing Pattern for
Brooklyn Detention Center (BKDC)**

POSITION	MON	TUE	WED	THU	FRI	SAT	SUN	HRS/WK	FTE
Tour 1 (8am-8pm)									
Registered Nurse	24	24	24	24	24	24	24	168	4.20
Mental Health Clinician	20	20	20	20	20	12	12	124	3.10
Mental Health Clerk	12	12	12	12	12			60	1.50
Pharmacist	12	12	12	12	12	12	12	84	2.10
Pharmacy Technician	36	36	36	36	36	36	36	252	6.30
Medical Records Clerk	12	12	12	12	12	12	12	84	2.10
Health Services Administrator	8	8	8	8	8			40	1.00
Administrative Assistant	8	8	8	8	8			40	1.00
Site Medical Director	8	8	8	8	8			40	1.00
ID Specialist (MD)	4							4	0.10
Dentist	4	4						8	0.20
Dental Assistant	4	4						8	0.20
Site DON	8	8	8	8	8			40	1.00
Clinical Supervisor/Unit Chief	8	8	8	8	8			40	1.00
Psychiatrist	8	8	8	8	8			40	1.00
Tour 2 (8pm-8am)									
Registered Nurse	12	12	12	12	12	12	12	84	2.10
Tour 1 (8am-4pm)									
Physician	8	8	8	8	8	8	8	56	1.40
Physician Assistant	16	8	8	16	16	8	8	80	2.00
LPN	8	8	8	8	8	8	8	56	1.40
PCA	8	8	8	8	8	8	8	56	1.40
Tour 2 (4pm to 12am)									
Physician	8	8	8	8	8	8	8	56	1.40
Physician Assistant	8	8	8	8	8			40	1.00
LPN	8	8	8	8	8	8	8	56	1.40
PCA	8	8	8	8	8	8	8	56	1.40
Tour 3 (12am to 8am)									
Physician	8	8	8	8	8	8	8	56	1.40
LPN	8	8	8	8	8	8	8	56	1.40
PCA	8	8	8	8	8	8	8	56	1.40
Total								1740.00	43.50

**Staffing Pattern for
James A. Thomas Center (JATC)**

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/ Wk	FTE
Administrative Assistant	8	8	8	8	8			40	1.0
Clinic Coordinator/Scheduler	8	8	8	8	8			40	1.0
Clinical Supervisor	4	4	4	4	4			20	0.5
Dental Assistant	8		8		8			24	0.6
Dentist	8		8		8			24	0.6
Health Services Administrator	8	8	8	8	8			40	1.0
LPNs	8	8	8	8	8	8	8	56	1.4
Medical Records Administrator	8	8	8	8	8			40	1.0
Medical Records Clerk	8	8	8	8	8	4	4	48	1.2
Dental Assistant	8	8	8	8	8			40	1.0
MH Clinician	16	16	16	16	16	4	4	88	2.2
Unit Chief	4	4	4	4	4			20	0.5
PCA	8	8	8	8	8			40	1.0
Pharmacist	8	8	8	8	8	8	8	56	1.4
Pharmacy Tech	8	8	8	8	8	8	8	56	1.4
Pham Tech	8	8	8	8	8	8	8	56	1.4
Physician Assistant	12	12	12	12	12	8	8	76	1.9
Psychiatrist	4	4	4	4	4	4	4	28	0.7
QA RN	8	8	8	8	8			40	1.0
RNs	8	8	8	8	8	8	8	56	1.4
Health Services Administrator	8	8	8	8	8	8	8	56	1.4
Psychiatrist	8	8	8	8	8	8	8	56	1.4
Director of Nursing	8	8	8	8	8			40	1.0
Medical Director	8	8	8	8	8			40	1.0
Physician	8	8	8	8	8	8	8	56	1.4
LPNs	8	8	8	8	8	8	8	56	1.4
Director of Nursing	8	8	8	8	8	8	8	56	1.4
Total								1248	31.2

Exhibit 11

HARASSMENT POLICY

Corizon is committed to providing a work environment that is free of discrimination or harassment. In keeping with this commitment, no form of harassment, sexual or otherwise, will be tolerated in the work place. Any employee who feels that a manager's, other employee's or non-employee's actions, words or conduct constitutes harassment is required to report the incident immediately.

DEFINITION

Harassment or discrimination of any sort, whether verbal, physical, visual, or via social media that is based on or directed toward a person's age, race, color, gender, sexual orientation, religion, national origin, ancestry, veteran, disabled status, or other characteristic protected by law, will not be tolerated.

Workplace harassment can take many forms; it can be found in statements, gestures, writings, signs, cartoons, pictures, e-mail, text messages, social media, jokes and pranks, physical contact and assaults, and acts or threats of violence or retribution. Harassment is not necessarily sexual in nature. It may also take the form of other activity including derogatory statements or conduct not directed to the targeted or offended individual, but taking place within their presence.

MANAGEMENT & EMPLOYEE RESPONSIBILITY

Corizon prohibits not only harassment and discrimination but also any type of retaliation for making a complaint; for assisting another to make a complaint; or for participating in an investigation. All Corizon employees, particularly Managers, have a responsibility for keeping the work environment free of harassment, discrimination or retaliation of any type. Any employee who is personally impacted or who becomes aware of an incident of harassment, discrimination, or retaliation whether by witnessing the incident or being told of it by others must report the incident as soon as possible.

Internal complaint procedures have been established to ensure effective investigation and resolution of harassment, discrimination, or retaliation complaints. To report an incident, employees should contact their Manager, the next level of site or regional management, the **Compliance Line** at **800/218-9114** or the Human Resources Department. All Managers must notify the Human Resources Department of any complaints they receive as soon as possible.

All reports of harassment will be handled with discretion and with due regard for privacy concerns. All reports will be investigated, as appropriate and corrective action, up to and including termination, may be taken.

EMPLOYEE RESPONSIBILITIES

APPEARANCE AND CONDUCT

You represent Corizon in your day-to-day contact with patients and institution employees. It is important that you are appropriately and neatly dressed for your type of work, properly groomed (including personal hygiene), and that you conduct yourself in a courteous and dignified manner and treat others with respect.

We recognize that most employees will dress according to accepted standards of modesty, dignity and professionalism. Apparel must be clean, fit properly and not be of extreme design or fashion.

Some job classifications may require that employees wear uniforms while on duty.

Your Manager may make a more detailed application of these guidelines. In all cases, these general guidelines must be observed. Employees must also follow and apply all facility rules with regard to appearance and conduct.

REPORTING FOR WORK

If you are unable to report for your scheduled shift, you must inform your Manager or Designee **prior to the start** of your shift and inform him / her of the reason and when you will report to work. Your site will have a specific policy outlining the amount of advance notice you must give when reporting off work or late.

If you are ill and will be absent for more than one (1) day, you should inform your Manager or Designee of approximately how long you expect to be off work. If you are off more than one (1) day, you are expected to call your Manager or Designee **daily** unless other arrangements have been made.

Absenteeism creates an unusually heavy burden on your fellow employees who must carry your load in addition to their own. Failure to adhere to your site's Time and Attendance Policy will result in immediate corrective action up to and including termination. Excessive absenteeism or tardiness will be reflected in your performance evaluation and may be cause for corrective action.

NETWORK SECURITY

Corizon provides many of its employees with business system access to local and wide area networks, electronic mail (e-mail) and voice mail systems. All business communications, information or materials delivered via these systems must be transmitted, stored and accessed in a manner that safeguards appropriate confidentiality.

E-MAIL USAGE

Corizon provides electronic messaging (e-mail) as a business communications tool for many of its employees. Use of the e-mail system for any non-job-related solicitation is prohibited. E-mail use must not be disruptive, offensive

HARASSMENT POLICY

Corizon Health is committed to providing a work environment that is professional and free of discrimination or harassment. In keeping with this commitment, no form of harassment, sexual or otherwise, will be tolerated in the work place. Any employee who feels that a manager's, other employee's or non-employee's actions, words or conduct constitutes harassment is required to report the incident immediately.

Harassment or discrimination of any sort, whether verbal, physical, or visual or via social media, that is based on or directed toward a person's age, race, color, gender, sexual orientation, religion, national origin, ancestry, veteran, disabled status, or other characteristic protected by law, will not be tolerated.

Workplace harassment can take many forms; it can be found in statements, gestures, writings, signs, cartoons, pictures, e-mail, text messages, social media, jokes and pranks, physical contact and assaults, and acts or threats of violence or retribution. Harassment is not necessarily sexual in nature. It may also take the form of other activity including derogatory statements or conduct not directed to the targeted or offended individual, but taking place within their presence.

Corizon Health prohibits not only harassment and discrimination, but also any type of retaliation for making a complaint, for assisting another to make a complaint, or for participating in an investigation. All Corizon Health employees, particularly Managers, have a responsibility for keeping the work environment free of harassment, discrimination or retaliation of any type. Any employee who is personally impacted or who becomes aware of an incident of harassment, discrimination or retaliation, whether by witnessing the incident or being told of it by others, must report the incident as soon as possible.

Internal complaint procedures have been established to ensure effective investigation and resolution of harassment, discrimination or retaliation complaints. To report an incident, employees should contact their Manager, the next level of site or regional management, the Compliance Line at 800/218-9114 or the Human Resources Department. All Managers must notify the Human Resources Department of any complaints they receive as soon as possible.

All reports of harassment will be handled with discretion and with due regard for privacy concerns. All reports will be investigated, as appropriate, and corrective action, up to and including termination, may be taken.

PRISON HEALTH SERVICES, INC.

Subject: Harassment /Sexual Harassment & Discrimination	Date: 12/1/07	Policy Number: 113
Applies: To All Employees	Supersedes: 5/07	

POLICY STATEMENT

PHS is committed to creating a work environment free of discrimination or harassment. Discrimination against and/or harassment of any employee based on race, color, religion, creed, sex, national origin, ancestry, citizenship, age, disability, predisposing genetic characteristics, marital status, sexual orientation, military status, or any other characteristic protected by applicable law ("Protected Characteristic") is illegal and is strictly prohibited. Every employee is responsible for complying with this policy.

Federal, state and local laws also have made plain that sexual harassment of an individual in employment is illegal. PHS prohibits sexual harassment of its employees in any form, whether committed by supervisory or non-supervisory personnel, management, vendors, or visitors. Regulations issued by the Federal Equal Employment Opportunity Commission define sexual harassment as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
2. submission to or rejection of such conduct is used as the basis for employment decisions affecting such individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Examples of conduct which may constitute unlawful sexual harassment include, but are not limited to, unwelcome sexual advances; unwanted touching of a sexual nature; offensive verbal or non-verbal communication of a sexual nature; or sexually graphic or sexually offensive materials or photographs. Examples of conduct which may constitute unlawful discrimination or harassment include, but are not limited to, refusing to hire an applicant or terminating an employee because of any Protected Characteristic; making racial or ethnic slurs or jokes; or exhibiting racist graffiti or cartoons. The behavior described in this paragraph is unacceptable both in the workplace itself and other work-related settings, such as business trips and PHS sponsored or related social events.

Examples of harassment may include, but are not limited to, verbal or physical assault, arguing, name calling, unprofessional conduct, intimidation, displaying animosity toward an individual based on any protected characteristic or otherwise creating a hostile or offensive work environment.

PRISON HEALTH SERVICES, INC.

PROCEDURE

If you believe that you have been subject to discrimination or harassment, we encourage you to promptly notify the offender, particularly if such individual is a co-worker, that his or her behavior is unwelcome and inappropriate and that you want the behavior to stop immediately. However, if you are uncomfortable confronting the alleged wrongdoer for any reason, such as because (i) he or she is a supervisor or high level member of management. (ii) of the severity of the conduct or (iii) informal, direct communication was unsuccessful, PHS requires that you promptly report the conduct, either verbally or in writing to your supervisor, H.S.A or the Human Resources Department at 718-777-3642 or 718-777-3490

Any PHS supervisor or manager who receives a report or complaint of discrimination or harassment must report that alleged offense immediately to the Employee Relations Manager or Director of Human Resources. If the incident occurs on off hours, the On-Island Administrator must be notified.

All complaints will be investigated promptly and thoroughly and, if appropriate, corrective action will be taken. Any employee who violates the policy against discrimination and harassment or engages in conduct contrary to this policy, as determined in the sole discretion of PHS, will be subject to disciplinary action, up to and including termination. The complaint procedure outlined above also must be followed if you believe that you have been subject to discrimination or harassment by third parties, such as vendors or visitors. Upon receiving knowledge thereof, PHS will investigate and if PHS, in its sole discretion, determines that such harassment or discrimination has occurred, PHS will seek appropriate action.

Employees who are identified as witnesses to the incident and refuse to cooperate in the investigation or who provide false information will be subject to disciplinary action.

PHS will not tolerate retaliation against any individual who makes a report of harassment or discrimination, provides information concerning such actions, or opposes any action that violates this policy. Any person found to have violated PHS's prohibition against retaliation would be subject to disciplinary action, up to and including termination.

We understand that these matters can be quite sensitive and will handle them accordingly. If you have any questions about this policy, including how to make a complaint, please contact Human Resources

Approved:

Signature on file Jerome Donahue Director of Human Resources	Signature on File Donald Doherty Division Vice President
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EFFECTIVE
6-1-2014

REVISED
4-6-2015

NUMBER
X-#

POLICY & PROCEDURE

ORIGINATING DEPARTMENT:

Employee Safety / Workers' Compensation

A handwritten signature in cursive script, reading "Dennis F. Wade".

Dennis F. Wade
EVP & Chief Human Resource
Officer

SUBJECT: WORKPLACE VIOLENCE PREVENTION (WPV) POLICY

Company shall be defined as Corizon Health, Inc. Corizon LLC, Corizon Health of New Jersey, LLC, PharmaCorr, LLC, Genesis Behavioral Services, Inc., and/or any other affiliated legal entities.

PURPOSE

To provide Company employees with the expectations regarding Workplace Violence Prevention policy and procedure and to ensure employees are aware of requirements at their site.

POLICY

Corizon Health maintains a zero tolerance policy for workplace violence by or against employees or patients/inmates. Corizon is committed to fostering an environment that is free from workplace violence and works closely with our clients and partners to minimize and eliminate the risks posed to our healthcare providers by the potential for workplace violence.

Corizon Health does not own or operate the correctional facilities and, as such, is not responsible for providing security to all civilian personnel working in the correctional system. Therefore, for the safety of Corizon employees, all policies and procedures must be followed.

At the highest levels, Corizon Health management is committed to the safety and security of all of our employees. Management commitment and employee involvement are essential elements of a successful workplace violence prevention program. Toward that end, Corizon Health leadership will work cooperatively with employees to ensure implementation of this Policy.

PROCEDURE

Corizon Health has established a Workplace Violence Prevention (WVP) program through implementation, guidance, and organization of the following strategies:

- 1) Initial orientation of new employees
- 2) Annual training of current employees
- 3) Incident Reporting System
- 4) Resources made available in the event of a workplace violence occurrence through an Employee Assistance Program

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5) Site Specific Annual WVP Hazard Assessment

6) Reporting of WVP Hazard Conditions

7) Corporate WVP Risk Management Committee

Appendix A: Site Specific Annual WVP Hazard Assessment form

Appendix B: Super User Checklist - Annual WVP Staff Training

Appendix C: WVP Incident Report form

Appendix D: Attestation Form

Orientation Training:

Employees receive an initial safety orientation that includes workplace violence prevention training. Training will be conducted prior to engaging with patients whenever possible. Employees receive New Employee Orientation (NEO) training, which includes the Annual WVP Training (via On-line Learning Management System [LMS] module and/or In Person) and the Site Specific Annual WVP Staff Training. The process for reporting potential workplace violence hazards and reporting of workplace violence incidents will also be taught.

Annual Training:

All current staff will receive annual WVP training. This may be done utilizing the LMS WVP Training module or In-Person by Super User (or designated party), and In-Person training of site specific WVP process.

Incident Reporting:

Workplace violence incidents must be reported to the immediate supervisor, Health Service Administrator (H.S.A.) and/or Director of Nursing (D.O.N.) immediately. The initial verbal report should be followed up with a written statement to include:

- Date, time and place of incident
- Witness(es)
- Facility and specific location within the facility
- Detailed description of incident
- Any other pertinent information

A WVP Incident Report form, (Appendix A) must be completed by supervisor, H.S.A. or D.O.N. at the time of incident notification. The form must be sent to their Regional Leadership and the Corizon Health Employee Safety Department.

Workplace violence incidents include both verbal and physical actions. Such threats include intimidation, verbal threats to inflict bodily harm, abusive or offensive language, and physical actions such as striking, pushing or other aggressive physical actions.

Resources available:

In the event of a workplace violence incident:

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- Current staff may utilize the Life Management/Employee Assistance Program 1-800-327-2908
- Corporate, Regional and/or Site Leadership may activate 'on site' counselors for employee use
- Medical and/or mental health care will be provided at no charge to the injured employee in accordance with the workers' compensation state law

Site Specific Annual WVP Hazard Assessment:

Annual WVP Hazard Assessment must be done by Site leadership. The purpose of the annual hazard assessment is to provide an evaluation of the workplace and identify existing and potential workplace violence hazards. Workplace violence hazards include physical (engineering controls), administrative (policy and procedure) and response to incidents/hazard reporting. Refer to Site Specific Annual Hazard Assessment form (Appendix B). Hazard assessment may include, but is not limited to:

- Analysis of workstations, medical clinics, mental health clinics, dental clinics, medication distribution process, additional areas per site specific operations
- Removal of unnecessary objects, secure sharps and other items
- Control of Personal items
- Proper working attire, site specific rules
- Ongoing communication to employees via huddles/staff meetings
- Medical record (EMR) and paper record of aggressive patient alerts for medical staff
- Observation of employees and security provided by business partners to ensure policy and procedure are being followed
- Input/feedback from employees

As needed, site leadership will engage our business partners to ensure engineering controls and workplace adaptations are considered to minimize workplace violence risk. This may include the following:

- New construction or updates in existing workplace
- Installation of (location) and/or maintenance (testing) of all alarm systems, including panic alarms, body alarms, radios, phones, etc.
- Placement of video cameras and monitoring of those cameras
- Mirrors at blind spots, increasing visual contact between security and employees
- Plexi-glass or additional barriers
- Escape or exit routes defined and maintained clear
- Set up/placement of furniture, seating patient away from door with employee nearest door
- Adequate lighting
- Security officer communication
- Proper working locks in work areas and for equipment

Corizon Health must work with our business partners to ensure recommendations are being discussed and implemented. A Plan of Action will be developed based upon items identified as a result of the Site

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Based Annual WVP Assessment. Each facility will, upon completion, provide a copy to Regional Leadership and Employee Safety Department

WVP Hazard Conditions Reporting:

Employees are required to report to their supervisor, H.S.A and/or D.O.N. any WVP Hazard immediately. Whenever possible the initial verbal report should be followed up with a written statement to include:

- Date, time and place of hazard
- Witness(es)
- Facility and specific location within the facility
- Detailed description of hazard
- Any other pertinent information

Reported hazardous conditions will be added to the Hazard Assessment and a Plan of Action will be developed.

No Retaliation:

Corizon Health has zero tolerance for retaliation against any employee for making a complaint or voicing a concern about safety or security, reporting a workplace violence incident, declining an assignment the employee believes to be unsafe, or otherwise complying with this Policy.

Management Commitment:

Management is committed and has instructed all workplace violence incidents be reported up through the organization to the Executive level. Operational leadership is required to address all workplace violence incidents for preventive measures and corrective actions. Additional outside services providing Mental Health professionals are available to assist site leadership and all staff in the event of an incident. H.S.A.s are responsible for implementation of the Workplace Violence Prevention program and to ensure all managers, supervisors and employees understand their obligations. Additionally, Regional leadership will provide direct support of the H.S.A.'s efforts.

Because the primary responsibility of safety and security in the prisons and jails is our business partners, operational leadership must work closely with them to resolve any issues, recommendations or concerns. This is accomplished through a variety of potential avenues such as Safety Committee meetings, MAC meetings, one on one interaction with Wardens, Deputy Wardens, Sheriff's Department representatives, Environmental Safety and Health representatives and any other parties deemed helpful.

Employee Commitment:

- Employees must comply with the WVP program and other safety and security measures.
- Employees are instructed to report any concerns regarding workplace violence, safety and security to site leadership.
- If an incident or near miss occurs, employees are required to report the incident immediately (prior to leaving their shift) to ensure a timely investigation occurs.
- Employees are encouraged to participate in the site specific safety efforts.
- Active participation in all educational programs is mandatory.

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Engaging all employees by providing safety, health training and education:

Corizon Health provides a variety of safety and health training units to prevent a workplace violence incident. Listed are some of the educational elements in the New Employee Orientation (NEO I) program (completed in first 14 days):

- Focused section dedicated to safety and security training to be completed before working with patients
- Ways to diffuse or disengage a volatile situation or behavior
- Potential patient triggers
- Use of site specific safety and security devices such as panic alarms, body alarms, blind spot mirrors, buddy system, escorts, communication/codes
- Procedures for responding to an medical emergency procedures (do not enter until secured by business partner)
- Policy and procedure for reporting and recordkeeping
- Policy and procedure for obtaining medical care, counseling, workers' compensation benefits needed after an incident or injury occurs

Other educational reinforcers:

- Business partner provided/required safety and security training and education (orientation and periodically)
- Site specific review of policy and procedure at individual facilities
- In-service or huddles with employees to periodically discuss and review workplace violence prevention program
- Site leadership must identify workplace violence situations and ensure employees are not placed in situations that compromise their safety
- Site leadership will ensure all employees receive and are engaged in the required safety and health training
- B.A.S.I.C. management training is required for site leadership; the program includes specific education regarding workplace violence prevention and required actions if an incident occurs

Corporate WVP Risk Reduction Committee

The Corporate WVP Risk Reduction committee will meet biannually. Members of the committee include internal and external partners. Analysis of trends and rates caused by workplace violence will be reviewed. A global assessment of the WVP program and recommendations will be made.

Recordkeeping and program evaluation:

Site leadership must record all employee injuries within the OSHA guideline of 7 days on the OSHA Log of Work-Related Injury and Illness (OSHA Form 300). Incidents are reported into the third party administrator and electronic First Report of Injury forms are provided to the Employee Safety Department for review/follow up. Additionally, all employee workplace violence injuries must be reported as soon as possible to Regional Leadership and Employee Safety Department.

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The analysis process is to ensure preventive measures are being implemented and are effective in reducing/preventing future work place violence incidents. Periodic loss analysis of company, regional and site workplace violence incidents will be conducted. Special attention will be given to increasing trends and incident rates. Recommendations including engineering, administrative and educational improvements will be reviewed and implemented, as needed. Safety Committee minutes and site inspections/work place analysis may be utilized to assist in the process. The Employee Safety department is available to provide 'hands on' work place violence education and assessment at individual locations. Both operational leadership and/or the Employee Safety Department may request an assessment.

This program will be reviewed on an annual basis by the Corporate WVP Risk Reduction Committee with the goal to improve employee safety.



**CORRECTIONAL MEDICAL ASSOCIATES OF NY P.C.
CORRECTIONAL DENTAL ASSOCIATES OF NY P.C.**

HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program		
	Policy No. 119	Date Issued: 11/17/2014	Revised:
Approved: Jerome P. Donahue Director of Human Resources	Approved: Jessica Lee Vice-President Operations		
Approved: Jay Cowan Medical Director	Approved: Leslie Hayling Dental Director		

Policy:

Corizon, CMA and CDA maintain a zero tolerance policy for workplace violence. Management is committed to working closely with DOHMH and DOC to eliminate / minimize workplace violence. The Department of Corrections (DOC) is responsible for providing and maintaining security in all facilities. Management will work with employees and union representatives to ensure implementation of this Policy.

Procedure:

Management has established a workplace violence protection program through development implementation, guidance, and organization of the following strategies:

- 1) Initial Orientation, Ongoing Training and Annual Orientation for new and existing employees
- 2) Incident Reporting System
- 3) Facility-Based Safety Committee
- 4) Island-Wide Safety Committee
- 5) Risk Management Committee
- 6) Reporting of Hazardous Conditions
- 7) Aggressive Patient Alert System



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CORRECTIONAL DENTAL ASSOCIATES OF NY P.C.

8) Safety Suggestion Box

Appendix A-Universal Workplace Violence Precaution Tips

Appendix B-Facility Emergency Contact Info

Appendix C-Training Evaluation Form



CORRECTIONAL MEDICAL ASSOCIATES OF NY P.C.
CORRECTIONAL DENTAL ASSOCIATES OF NY P.C.

HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program : Orientation and Ongoing Training		
	Policy No. 119 A	Date Issued: 11/17/2014	Revised:
Approved: Jerome P. Donahue Director of Human Resources	Approved: Jessica Lee Vice-President Operations		
Approved: Jay Cowan Medical Director	Approved: Leslie Hayling Dental Director		

Initial Orientation and Ongoing Training for New and Existing Employees

Policy:

Employees receive an initial orientation and ongoing training regarding workplace violence.

Procedure:

- 1) The orientation program is to ensure that staff receives a general orientation from the Human Resources Department prior to start working in the institution or assigned area. The orientation modules included in new employee orientation contain information related to:
 - Relevant DOC policies and procedures are covered in the training provided by DOC and Management to all employees.
 - This Workplace Violence Safety and Security Policy (This will include discussion of hypothetical case scenarios.)
 - Security policies and procedures
 - Personal safety
 - IT policies and procedures
 - Patient Relations
 - Prevention of Patient Sexual Abuse
 - Undue Familiarity
 - HIV Confidentiality
 - HIPAA
 - Infection Control
 - Relationships among DOHMH, DOC and Corizon, CMA, CDA employees



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- Cultural Diversity and Respect
- Prevention of Sexual Harassment and all forms of Discrimination
- Physical Hazards in the Facilities (e.g., sliding gates, slippery surfaces)
- Dress Code and Personal Grooming
- Corporate ethics
- Compliance with Americans with Disabilities Act
- Working relationship between health and custodial staff
- Understanding and Managing mentally ill inmate patients-
- Workplace Violence Prevention Training & De-escalation Techniques

2) Training on Workplace Violence Safety and Security includes:

- The Workplace Violence Prevention Program;
- Risk factors that cause or contribute to assault;
- Early recognition of escalating behavior or recognition of warning signs or situations that may lead to assault;
- Ways to prevent or diffuse volatile situations or aggressive behavior, manage anger;
- Action plans for violent situations, including the availability of assistance, response to alarm systems and communication procedures;
- Ways to deal with hostile people;
- Progressive behavior control methods and safe methods to apply restraints;
- The location and operation of safety devices such as alarm systems, along with the required maintenance schedules and procedures;
- Ways to protect oneself and co-workers, including use of the "buddy system";
- Policies and procedures for reporting and recordkeeping;
- Information on multi-cultural diversity to increase staff sensitivity to racial and ethnic issues and differences;
- Policies and procedures for obtaining medical care, counseling, EAP referral, worker's compensation and other assistance after a violent episode or injury.

3) The employee Orientation program and subsequent Health and Safety Training shall be reviewed for content utilizing an evaluation form.

4) At a minimum, on an annual basis, the employee Orientation program and subsequent Health and Safety Training shall be updated for content and statutory compliance adherence, and program improvement.

5) Additional training will be delivered to all staff with supervisory responsibility and this will include recognition of high risk situations so that they can assist in the safekeeping of their team members. They will also be trained in recognizing and helping to reduce security hazards, encouraging employees to report all incidents of workplace violence, and in Management no-retaliation policy.







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- 6) Staff meetings are conducted monthly at a minimum. These meetings include the regular review of environmental and clinical safety and security concerns and protective measures.



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HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program : Reporting		
	Policy No. 119 B	Date Issued: 11/17/2014	Revised:
Approved:  Jerome P. Donahue Director of Human Resources	Approved:  Jessica Lee Vice-President Operations		
Approved:  Jay Cowan Medical Director	Approved:  Leslie Hayling Dental Director		

Incident Reporting System

Policy:

Workplace violence incidents should be reported to the immediate supervisor, HSA, and/or On-Island Administrator. The initial verbal report should be followed up with a written statement to include:

- Date, place, time of incident
- Witness (es)
- Facility
- Location within the facility
- Detail description of incident
- Any other pertinent information

Procedure:

- 1) An employee that feels threatened by anyone in the workplace, must report this immediately to the Supervisor, HSA, and/or On-Island Administrator and retreat to de-escalate the situation.
- 2) General safety and security concerns must be reported to the supervisor, HSA, and On-Island Administrator. Reports can be made anonymously via the secured employee safety complaint boxes in each facility, email to the leadership team, and / or in the daily Safety Huddles are also encouraged.
- 3) Onsite medical personnel will provide prompt medical evaluation and treatment to any injured employee and referred employee that need further medical care to the emergency room.



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CORRECTIONAL DENTAL ASSOCIATES OF NY P.C.**

- 4) Employee(s) who do not want to be treated onsite can choose to go to their private physician or to the emergency room
- 5) The HSA or On-Island Administrator will complete the Incident Report Form. Completed report will be forwarded by Operations to the Director of Utilization Management. The Director of Utilization Management will disseminate the completed Incident Report to all parties on the "Incident Distribution List" and to the respective executive staff.
- 6) The Director of Utilities Management shall compile all Incident Reports into a monthly report to the Executive Team. The Human Resource Director shall forward all Incident Reports to the Corporate Director of Safety for review and appropriate action.
- 7) If applicable, Employee Health Services will then call in the incident to Workers Compensation, and then contact the employee with a Workers Compensation number. To facilitate the healing process, an Injury Counselor is available who can assist the injured employee in recovery and contact with claims handlers. The Injury Counselor may be reached at 314.919.9153.
- 8) There will be **zero tolerance for retaliation** against any employee for making a complaint or voicing a concern about safety or security, reporting a workplace violence incident, declining an assignment the employee believes to be unsafe, or otherwise complying with this Policy.
- 9) When an incident involves patient aggression against an employee, Department of Correction Investigation personnel, including the Warden, may take steps to discipline the patient.
- 10) DOC investigation may determine probable cause for arrest. If in the event that DOI does not determine probable cause the employee can file a complaint against the patient at the Bronx District Attorney's office.
- 11) Employees have the right to refuse to submit personal items (clothing, pictures, etc.) in participation with DOI investigations.

Post-Incident Procedure:

- 1) Both the employee and his/her union delegate will be invited to a "debriefing" meeting, during which the incident and suggestions for prevention may be discussed in detail.
- 2) An in-depth review of recent incidents of workplace violence will include discussion of potential methods of prevention; will be addressed at all Health and Safety Committee Meetings. Staff members from Doctors Council, NYSNA and 1199 SEIU may be present. Prior to attending such meeting, a union representative must be briefed on, and sign an acknowledgement of Corizon, CMA and CDA HIPAA policy.
- 3) Management adheres to all local, state and federal record-keeping requirements pertaining to incidents of workplace violence.



CORRECTIONAL MEDICAL ASSOCIATES OF NY P.C.
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- 4) Management Human Resources Department maintains a summary report of each incident that includes all supporting documents, including corrective action conducted in relation to each incident.
- 5) The Risk Management / Safety Committee conduct internal review of the incident within days to assess risk factors, and corrective measures, and identify the responsible person for taking corrective action.



**CORRECTIONAL MEDICAL ASSOCIATES OF NY P.C.
CORRECTIONAL DENTAL ASSOCIATES OF NY P.C.**

HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program : Environmental and Safety Committee		
	Policy No. 119 C	Date Issued: 11/17/2014	Revised:
Approved: Jerome P. Donahue Director of Human Resources	Approved: Jessica Lee Vice-President Operations		
Approved: Jay Cowan Medical Director	Approved: Leslie Hayling Dental Director		

Island Wide and Facility Based-Environmental and Safety Committees

Policy:

The Environmental and Safety Committees is committed to making the workplace safe for employees and patients. The Environment and Safety committees are two fold – the first being an Island Wide Committee and the second being Facility Based Committee. Members of these committees include representatives from the Operational, Clinical and Human Resources leadership, front-line personnel and collective bargaining units. Management is committed to the implementation and evaluation of safety policies and protocols, publishing policies and protocols to employees and frequent review and training on those policies and protocols.

Procedure:

1. The facility-based Environmental and Safety Committee consists primarily of frontline multidisciplinary staff.
2. The Island-Wide Environmental and Safety Committee are comprised of executive staff as well as multi-disciplinary members of front line personnel, and collective bargaining units.
3. Environmental inspection and Hazard Assessment of facilities are done bi-annually by Island Wide Environmental and Safety Committee utilizing a standardized Safety Survey Form.
4. The Environmental inspection and Hazard Assessment examines:
 - a. The cleanliness and sanitation of areas where health services are provided.
 - b. Housekeeping practices.
 - c. Pest control measures.
 - d. Risk exposure containment measures.



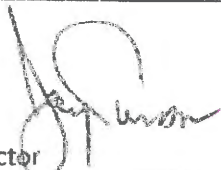



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- e. Equipment inspection and maintenance, including “cuff bars,” “panic alarms,” splash guards, and other engineering controls.
 - f. Occupational and environmental safety measures, including PPE.
 - g. Deficiencies identified during facility inspection are communicated to Facility Based Environmental and Safety Committee for intervention and corrective action.
 - h. The Department of Correction leadership in the facility is debriefed by the Environmental and Safety Committee findings and recommendations.
 - i. Deficiencies identified during facility inspection are communicated to Facility Administration as appropriate by Island Wide Environmental and Safety Committee.
 - j. Workplace violence risks, including workplace violence incident analysis, assessment of worksite conditions and layout and evaluation of workplace controls.
5. As needed, the Committees will work with the Risk Management Committee to address safety issues.



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HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program : Risk Management Committee		
	Policy No. 119 D	Date Issued: 11/17/2014	Revised:
Approved:  Jerome P. Donahue Director of Human Resources	Approved:  Jessica Lee Vice President Operations		
Approved:  Jay Cowan Medical Director	Approved:  Leslie Hayling Dental Director		

Risk Management Committee

Policy

The Risk Management Committee addresses clinical risk, patient safety, employee safety and operational risks. The committee membership is multidiscipline and includes executive leadership.

The Risk Management Committee is an overarching committee that guides the Riker's program with safety initiatives and activities.

Procedure:

- 1) The Risk Management Committee addresses the following:
 - a. Health care complaints concerning the quality of care
 - b. Substantiated complaints
 - c. Staff education and safety issues
 - d. Unsafe conditions in the facilities
 - e. Violent incidents
 - f. Adverse events and near misses/close calls
 - g. Review and analyzed trends in and rates of incidents
- 2) The Risk Management Committee actions will include but are not limited to:
 - a. Identify opportunities for improvement

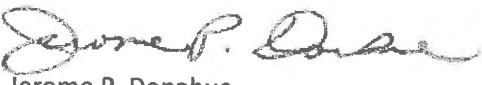





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- b. Data collection and analysis
 - c. Dissemination of information collected
 - d. Integration of corrective improvements into daily operations
- 3) The Risk Management Committee meets monthly.



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HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program : Reporting of Hazardous Conditions		
	Policy No. 119 E	Date Issued: 11/17/2014	Revised:
Approved:  Jerome P. Donahue Director of Human Resources	Approved:  Jessica Lee Vice-President Operations		
Approved:  Jay Cowan Medical Director	Approved:  Leslie Hayling Dental Director		

Reporting of Hazardous Conditions

Policy:

Health staff members are encouraged to report actual or suspected hazardous conditions in the work place. Any source of potential harm or adverse health effects on employees in the work place shall be identified. Preventative or corrective measures will be taken to correct the problems.

Procedure:

- 1) Actual and / or potential risks should be reported to the immediate supervisor, HSA or Operations at (347) 774-7000.
- 2) Immediate Supervisor/Operations will immediately initiate an investigation.
- 3) Confirmed hazardous conditions shall be addressed and corrected immediately.



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HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program : Aggressive Patient Alert and Daily Report		
	Policy No. 119 F	Date Issued: 11/17/2014	Revised:
Approved: Jerome P. Donahue Director of Human Resources	Approved: Jessica Lee Vice-President Operations		
Approved: Jay Cowan Medical Director	Approved: Leslie Hayling Dental Director		

Aggressive Patient Alert and Daily Report

Policy:

Patients with history or risk for aggressive behavior shall be identified. Preventative or corrective measures are taken to reduce risk of violent incidents that may occur in healthcare areas.

Procedure:

- 1) Patients with a history of increased agitation, irrational behavior, low tolerance, not listening to reason, recent physical abuse on staff, invading personal space, or destruction of property are considered to be aggressive / dangerous.
- 2) Patients with a history of aggression or violence, or who are deemed aggressive or dangerous will be flagged on the electronic medical records.
- 3) Aggressive Patient Report is generated daily and automatically disseminated to all front line staff daily
- 4) MHUC or SMD can add or delete the alert.
- 5) Staff is encouraged to review the Aggressive Patient Report daily before commencing any patient contact and to use this report as a quick reference to identified potentially aggressive / dangerous patients.
- 6) Staff seeing a patient that is on the Aggressive Patient Report should immediately inform the correction officer in the area. Precautions should be taken during the encounter to maintain staff safety and security.



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HUMAN RESOURCES POLICY AND PROCEDURES	Subject: Workplace Violence Prevention Program : Staff Safety and Suggestion Box		
	Policy No. 119 G	Date Issued: 11/17/2014	Revised:
Approved: Jerome P. Donahue Director of Human Resources	Approved: Jessica Lee Vice-President Operations		
Approved: Jay Cowan Medical Director	Approved: Leslie Hayling Dental Director		

Staff Safety and Security Suggestion Box

Policy:

Staff Safety and Suggestion Box is a mechanism for staff to voluntarily and anonymously give suggestions, share concerns regarding workplace violence, safety and security in their respective facility or across the Island.

Procedure:

1. The 'Staff Safety and Security Suggestion Box' is mounted in a designated area in each facility accessible to staff.
2. Blank "Staff Safety and Security Suggestion Form" will be available in the facilities.
3. Staff will have the option of identifying themselves or to remain anonymous.
4. Staff will not be required to use the official forms to document their suggestions; a blank piece of paper is acceptable.
5. The Health Service Administrator (HSA) or a designee will be responsible to check the 'Staff Safety and Security Suggestion Box' each business day.
6. Suggestions received from sources other than at the facility level will be forwarded to the Health Service Administrator (HSA and Facility Based Safety Committee) or a designee for review of practicality and feasibility based on clinical operations and physical plant.



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7. Completed forms received will be maintained in a folder in the HSA's office.
8. The Facility Based Committees will review forms for resolution and reporting to the Island Wide Safety Committee for their additional review.
9. Union delegates will be briefed monthly on suggestions, complaints received and outcome / resolution.
10. If the suggestion is not related to the provision of health care services by Management, but rather issues which are the responsibility of the New York City Department of Correction ("DOC") the Health Service Administrator (HSA) will refer the matter to the facility specific DOC Administration inclusive of the Clinic Captain, Tour Commander, Deputy Warden of Programs, Deputy Warden of Security, Deputy Warden of Administration and/or Warden accordingly.



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STAFF SAFETY AND SECURITY SUGGESTION FORM

Date: _____ Facility: _____

Employee Name (Optional): _____

Employee Title (Optional): _____

Specific Location of Concern/Suggestion: _____

Description: _____

Suggestion to rectify issue (Optional):

Date Received: _____

Signature of H.S.A./Designee: _____

Action Taken: _____

Upon completion, please place inside the designated 'Staff Safety and Suggestion Box.'



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APPENDIX A

UNIVERSAL WORKPLACE VIOLENCE PRECAUTIONS

As a healthcare organizations invested in patient and staff safety, Management Health, CMA and CDA work collaboratively with the Department of Health and Department of Correction to promote a safe workplace for staff and patients. Identification and management of environmental safety concerns and risk reduction strategies are supported through on-going cooperative initiatives amongst the organizations. Universal Safety Precautions are interventions that each employee can take with every patient regardless of a patient's background to ensure that they are aware and prepared for a violent incident.

1. Prior to each scheduled or emergency visit, every healthcare provider shall review each patient's chart, as well as the Aggressive Patient Report. These indicators are not intended to be all inclusive, and caution must be exercised whenever interacting with any patient, even if the patient has not been previously identified as aggressive.
2. When preparing to interview a known mental health patient, the healthcare provider shall review the patient's medications and medication compliance, as this information may inform providers of an indication of risk.
3. Wherever possible, an employee **must not** turn his/her back on an inmate, especially when in close proximity.
4. Any assignment that an employee feels is unsafe should be reported to a supervisor immediately, and the employee should **not** undertake that assignment. A Protest of Assignment Form, located on the Management intranet, should be completed and forwarded immediately to the building HSA for review.
5. In the event an employee is left alone with an inmate without a Corrections Officer present, the employee should leave the area immediately. Notify supervisor.
6. Any time the DOC has an inmate restrained by handcuffs, they should remain on the patient until DOC determines that it is safe to remove them, unless, in the judgment of the healthcare provider, it is medically necessary to remove them.
7. Any patient that is on the Aggressive Patient Report should be seen only while the inmate is restrained to a cuff bar in the examination cubicle.



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Site Safety and Security Protocols

- 1) Keep patient within eye contact at all times (do not turn your back to patient)
- 2) Set up patient care areas for safety: patient should NOT be between you and the door, rearrange exam room/intake areas if necessary
- 3) Familiarize yourself with the levels/types of patients that will and will not be escorted by officers for encounters with health staff.
- 4) Do not enter an emergent situation until area is secured, confirm client signal
- 5) Exit secured areas (cells/dorms) BEFORE security exits and do not turn your back to patient while leaving
- 6) Immediately report any work related injury or attempted assault to your Supervisor, Health Services Administrator and Director of Nursing immediately
- 7) Protect Yourself and Your Co-workers
 - Trust your instincts, request assistance if feeling uncomfortable
 - COMMUNICATE with others when/where you are going and expected return time
 - Be aware of your surroundings; there is no room for being lax or distracted
 - Understand your role in maintaining the security for yourself and others, e.g. key control, sharps count, instrument counts
- 8) Partner with Security
 - Identify security officer/deputy placement in medical units, medication pass, segregation process
 - Communicate concerns
 - Ask questions and provide positive suggestions
- 9) Physical Safety and Security Devices
 - Test institutional panic alarms
 - High risk patients should be appropriately secured - handcuffed behind or, if handcuffed in front, secured to a belly chain and shackled at ankles.



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- If concerned about level of patient restraint, immediately bring those concerns to a Corrections Officer and site leadership
- 10) **Maintain medical professionalism at all times**
 - Provide quality medical care safely and consistently
 - Do not display personal items or discuss personal issues with patients
 - Treat every patient the SAME
- 11) **Preparing for an Encounter with a Patient Who Has an Aggressive Alert**
 - Review EMR for notes regarding previous encounters
 - Know your patient
 - Secure a Corrections Officer to supervise your encounter
 - DO NOT be left alone with the patient



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APPENDIX B

Workplace Violence, Safety & Security EMERGENCY CONTACT INFORMATION AMKC

If an Incident Occur:

Security (DOC):

- Control Room: 718-546-3520 / 3523
- Tour Commander: 718-546-3595 / 3596

HSA Notification:

- Day Tour: 347-774-7405 / 7406
- Off Tour / Weekends: 347-774-7000

If you've Been Injured in an Incident

Corizon, CMA and CDA Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298

Corizon, CMA and CDA Employee Safety Department: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900



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APPENDIX B

Workplace Violence, Safety & Security
EMERGENCY CONTACT INFORMATION
BKDC

If an Incident Occur:

Security (DOC):

- Control Room: 718-797-8341
- Tour Commander: 718-797-8341

HSA Notification:

- Day Tour: 347-774-7325 / 7314
- Off Tour / Weekends: 347-774-7000

If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298

Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900



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APPENDIX B

Workplace Violence, Safety & Security
EMERGENCY CONTACT INFORMATION
CDU / WEST FACILITY

If an Incident Occur:

Security (DOC):

- Control Room: 718-546-4120
- Tour Commander: 718-546-4107

HSA Notification:

- Day Tour: 347-774-7201 / 7202
- Off Tour / Weekends: 347-774-7000

If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298

Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900



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APPENDIX B

Workplace Violence, Safety & Security
EMERGENCY CONTACT INFORMATION
EMTC

If an Incident Occur:

Security (DOC):

- Control Room: 718-546-5720 / 5721
- Tour Commander: 718-546-5731

HSA Notification:

- Day Tour: 347-774-7855 / 7856
- Off Tour / Weekends: 347-774-7000

If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298

Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900



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APPENDIX B

Workplace Violence, Safety & Security
EMERGENCY CONTACT INFORMATION
GMDC

If an Incident Occur:

Security (DOC):

- Control Room: 718-546-4520 / 4521
- Tour Commander: 718-546-4627 / 4628

HSA Notification:

- Day Tour: 347-774-7905 / 7906
- Off Tour / Weekends: 347-774-7000

If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298

Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900



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APPENDIX B

Workplace Violence, Safety & Security EMERGENCY CONTACT INFORMATION GRVC

If an Incident Occur:

Security (DOC):

- Control Room: 718-546-2128 / 2020
- Tour Commander: 718-546-2118 / 2119

HSA Notification:

- Day Tour: 347-774-7155 / 7756
- Off Tour / Weekends: 347-774-7000

If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298

Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900



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APPENDIX B

Workplace Violence, Safety & Security
EMERGENCY CONTACT INFORMATION
MDC

If an Incident Occur:

Security (DOC):

- Control Room: 212-225-1341 / 1342
- Tour Commander: 212-225-1341 / 1342

HSA Notification:

- Day Tour: 347-774-7234 / 7235
- Off Tour / Weekends: 347-774-7000

If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298

Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900



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APPENDIX B

Workplace Violence, Safety & Security **EMERGENCY CONTACT INFORMATION** **NIC**

If an Incident Occur:

Security (DOC):

- Control Room: 718-546-1121
- Tour Commander: 718-546-6446

HSA Notification:

- Day Tour: 347-774-7970 / 7973
- Off Tour / Weekends: 347-774-7000

If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298

Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900



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APPENDIX B

Workplace Violence, Safety & Security EMERGENCY CONTACT INFORMATION OBCC/CPSU

If an Incident Occur:

Security (DOC):

- Control Room: 718-546-6424
- Tour Commander: 718-546-6546

HSA Notification:

- Day Tour: 347-774-7802 / 7803
- Off Tour / Weekends: 347-774-7000

If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298

Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900



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APPENDIX B

Workplace Violence, Safety & Security EMERGENCY CONTACT INFORMATION RMS

If an Incident Occur:

Security (DOC):

- Control Room: 718-546-7420 / 7421
- Tour Commander: 718-546-7423 / 7560

HSA Notification:

- Day Tour: 347-774-7610 / 7611
- Off Tour / Weekends: 347-774-7000

If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 347-774-7298

Corizon, CMA and CDA's Injury Counselor: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900



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APPENDIX B

Workplace Violence, Safety & Security EMERGENCY CONTACT INFORMATION RNDC

If an Incident Occur:

Security (DOC):

- Control Room: 718-546-6920 / 6921
- Tour Commander: 718-546-7283

HSA Notification:

- Day Tour: 347-774-7704 / 7705
- Off Tour / Weekends: 347-774-7000

If you've Been Injured in an Incident:

Corizon, CMA and CDA's Employee Assistance Program/Magellan: 1-800-327-2908

NYSNA Peer Assistance Program: 1-800-457-7261

Corizon, CMA and CDA's Employee Health Nurse: 1-347-774-7298

Corizon, CMA and CDA's Employee Safety Department: 1-800-325-4809 ext. 9391

1199 Member Services Department: 1-646-473-6900



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Workplace Violence, Safety & Security Evaluation Form

Thank you for participating in this training class. In order to enhance the learning experience and outcome of this training program, we welcome your feedback on this program. All responses are anonymous, and will be reviewed and considered by Corizon, CMA and CDA's Health and Safety Committee.

Date: _____ Name of Trainer: _____

Legend – Please Circle One for All Questions			
Agree	Disagree	N/A – Not Applicable	
1. The training material provided to me today was clear, concise and accurate.	Agree	Disagree	N/A
2. My trainer was prepared for the training class today.	Agree	Disagree	N/A
3. I feel that I have been provided with the tools to perform my job safely and securely.	Agree	Disagree	N/A
4. If there is an incident, I am confident that my direct supervisor or HSA can resolve the problem.	Agree	Disagree	N/A
5. If there is an incident, I know who to call to report the incident.	Agree	Disagree	N/A
6. I am confident that Corizon, CMA and CDA's Senior Management cares about my safety.	Agree	Disagree	N/A
7. This training class is relevant to working in a correctional facility.	Agree	Disagree	N/A

Please indicate the most informative area of today's training:

Please indicate what area of the training needs improvement:

Overall suggestions/recommendations for future Workplace Violence, Safety & Security training classes:

Thank you for your feedback!



MEMO

To: Corizon Health Employees
From: Angela Gildehaus, Director Workers' Compensation
Date: July 27, 2015
RE: Workplace Violence Prevention Communication

Corizon Health takes the safety and security of our staff very seriously. In the next several months we have dedicated additional resources to review, monitor and improve your safety and security. You, as employees, play a critical roll in our desired success.

Attached is our current Workplace Violence Prevention (WVP) Policy. The policy provides information about how to report an incident of workplace violence and hazardous workplace conditions. All events or potential workplace violence conditions must be reported to site leadership immediately. Corizon Health has a zero tolerance for retaliation against any employee for making a complaint or voicing a concern about safety and security or reporting a workplace violence incident.

Corizon Health is committed to protecting employees from workplace violence. As part of this commitment, Corizon Health is enhancing the current Workplace Violence Prevention Program. We will be rolling out an improved workplace violence prevention program that will include additional education, training, hazard assessments and improvements to our reporting systems.

We are looking forward to your employee participation in this most important initiative to improve employees' safety and security.

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK P.C.



CORRECTIONAL DENTAL ASSOCIATES OF NEW YORK P.C.

MEMORANDUM

TO: All CORIZON HEALTH EMPLOYEES

FROM: HUMAN RESOURCES AND EXECUTIVE LEADERSHIP at CORIZON HEALTH

DATE: August 14th, 2015

RE: Sexual harassment by patients

Over the course of the past year, Corizon Health is proud to state that through collaboration with staff, unions and government agencies, significant progress has been taken in the effort to improve the work environment for our employees.

Although we acknowledge that the potential of incident is not able to be completely alleviated due to the type of environment that we work in, we stand firm in that Corizon Health still maintains a zero tolerance policy of any type of harassment by patients to staff – whether it be verbal threats of violence, splashings, physical contact or comments or body language that is sexually explicit in nature.

In the event that you feel that you are being, or have been victimized or violated by a patient in any sexual manner, including unwelcomed sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature, please promptly tell your supervisor. You can also report the complaint to the Department of Corrections at 718-204-0378 or directly with the Clinic Captain in your facility. Corizon Health supports an employee's independent decision to file an incident report with the Department of Corrections, free from the fear of retaliation, to have an infraction filed against the patient. Furthermore, you also have the right to file formal charges against a patient, should an event reach that threshold.

In the best interest of an individual provider of care, as well as the availability of care, each case will be reviewed on a case-by-case basis to determine if moving of the patient is feasible.

For more information, please also refer to our Workplace Violence Prevention Program that was rolled out in November 2014, which can be found on the Intranet under 'HR Policies'.

Thank you for all that you continue to do for our patients.

Exhibit 12

									FOLLOW-UP		
Department	Status (F/T, P/T, PRN)	Location of Incident	Date/Time Initially Reported	Reported by: (Name, Title)	Type of Incident (Verbal Threat, Splashing, Physical Assault, Attempted Physical Assault)	Did Employee Return to Work (Yes or No)	Date Returned To work (Time loss from work if any)	Worker's Compensation Claim	Action(s) Taken by Corizon Health	Action(s) Taken by D.O.C	Closing Summary
Medicine	Various	Medical Treatment Room- Dorm 2	1/4/15 11:21 am	R.Hughes, OIA	Attempted Physical Assault	Yes	N/A	N/A	Panic alarm was activated by Medical Staff	Captain Tillery and DOC team responded immediately in the removal of patient	Patient will be infracted and removed from the facility
Medicine	F/T	NIC Dorm 3 Bing	1/5/15 12:00 pm	B. Parboo, H.S.A	Verbal Threat	Yes	1/5/15	N/A	N/A	N/A	Dep Warden R. Grayson confirmed patient would be transferred to another facility Per B.Parboo Patient transferred to GRVC 1/5/15
Mental Health	F/T	AMKC Modular 1- Lower B	1/6/15 2:15 pm	COD - Central Operations Desk	Splashing	No	1/7/15	N/A	N/A	Charges will be brought against the patient	No injuries reported Video Surveillance available
Mental Health	F/T	AMKC - C71 CAPS	1/6/15 5:30 pm	I.Davidson, Cln Sup	Physical Assault	No	1/7/15	N/A	Employee was escorted to c95 clinic by Dr. Davidson to be medically evaluated. She was cleared by PA Bharat	N/A	N/A
Mental Health	F/T	GRVC Hallway Outside of Bldg. 11	1/7/2015 8:39 am	C.Minervini, MH Unit Chief	Physical Assault	Yes	1/7/15	N/A	Follow-up call to employee on 1/8/15	Patient has been moved to OBCC	N/A
Medicine	P/T	NIC	1/16/15 3:02 pm	COD - Central Operations Desk	Attempted Physical Assault	Yes	1/16/15	N/A	Employee seen by PA Schwaner following the incident. Case was discussed with urgi care	N/A	Video surveillance available Employee was able to return to work
Mental Health	F/T	AMKC - C71	1/17/15 4:15 pm	J. Laevsky, Cln Sup	Attempted Physical Assault	Yes	1/17/15	N/A	Patient was evaluated by Psychiatrist on duty and sent out 3 hour run to the hospital	Staff was able to subdue and detain patient immediately	Employee did not sustain any injuries and declined Medical services

Exhibit 13



Additional Work Time Authorization

this form must be completed before any additional time is worked

Authorization to work additional time is hereby granted to (this authorization only covers up to a one week period Sunday thru Saturday):

Linde Unweland
(Print Employee Name)

MH CLINICIAN
(Title)

AMKC
(Home Site)

(Title of Assignment if Different than above)

or the following assignments:

Site	Hours	Date	Total Hours	Rate	Reason Code**
1. <u>AMKC</u> from <u>12</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM to <u>8</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<u>4/28</u>	<u>7.5</u>	<u>OT</u>	<u>00</u>
2. _____ from _____ AM _____ PM to _____ AM _____ PM					
3. _____ from _____ AM _____ PM to _____ AM _____ PM					
4. _____ from _____ AM _____ PM to _____ AM _____ PM					
5. _____ from _____ AM _____ PM to _____ AM _____ PM					

If any of above lines are not completed they must be lined out or deleted if the form is completed electronically:

The additional work times rate codes are:

ML - Moonlighting

OT - Premium Rate (1 1/2 time regular rate)

AC - Additional Compensation (exempt employee)

**The additional work time reason codes are:

- | | |
|----------------------------|------------------------------------|
| 00 Vacancy | 07 Training/CME |
| 01 Annual/Personal/Holiday | 08 Training/In-service |
| 02 Medical Leave | 09 Jury Duty |
| 03 Military leave | 10 Union Leave |
| 04 Leave Without Pay | 11 Emergency/Bereavement |
| 05 Suspension | 12 Special Project/Additional Work |
| 06 Sick | |

Additional Information if necessary:

Linde Unweland, LSW

I certify that the above information is accurate:

Diana Novak, MA, LMHC

(H.S.A./ON-SITE AND ADMINISTRATION)
Mental Health Unit Manager

2/7/11
(Date)

~~Additional Compensation - Exempt Employee - Requires the approval of the Regional Vice President.~~

☐ Approve

☐ Disapproved

(Regional Vice President)

(Date)

Note: This form must be filled out completely, legibly and in accordance with department policy and procedures.

Distribution

☐ Operations

☐ H.S.A.

☐ Department Head

☐ Employee

* The H.S.A. of the facility where the assignment was worked as well as the H.S.A. of the employee's home site (if different) must receive a copy of this form

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CORIZON_000290

Exhibit 14

New York City Department of Correction



RB: A No

Inmate
**RULE
BOOK**

- 10/12/2007 -

c) **Prohibited conduct.**

1) Arson (setting fires)

Grade I:

100.10: An inmate is guilty of arson when he or she intentionally starts or attempts to start any fire or causes or attempts to cause any explosion.

2) Assault and Fighting

Grade I:

101.10: An inmate is guilty of assault on staff when he or she injures or attempts to injure any staff member, or when he or she spits on or throws any object or substance at any staff member. Assault or attempted assault on staff is always a Grade I offense.

101.11: An inmate is guilty of Grade I assault when he or she injures any other person, or when he or she spits on or throws any object or substance at any other person.

101.12: An inmate is guilty of Grade I assault on an inmate when he or she injures any other inmate or when he or she spits on or throws any object or substance at any other inmate.

101.13: An inmate is guilty of assault with a weapon when he or she uses any item to assault or attempt to assault any person.

101.14: An inmate is guilty of Grade I fighting when he or she engages in a physical struggle with another inmate that results in injury to any person.

Grade II:

101.16: An inmate is guilty of Grade II assault when he or she attempts to injure any person other than a staff member, without using a weapon, but does not cause injury.

101.17: An inmate is guilty of Grade II fighting when he or she engages in a physical struggle with another inmate that does not result in injury.

Grade III:

101.18: An inmate is guilty of Grade III fighting when he or she engages in a non-violent physical struggle with another person such as horseplay, boxing, wrestling or sparring.

3) Bribery

Grade I:

102.10: An inmate is guilty of bribery when he or she gives or attempts to give any benefit including but not limited to money or valuable items, to any person, with the intent of influencing that person's conduct or obtaining a benefit for himself or herself.

4) Contraband

Grade I:

103.05: Inmates shall not possess any tobacco-related products including, but not limited to, cigarettes, cigars, loose tobacco, chewing tobacco, rolling paper, matches and lighters.

103.07: Inmates shall not sell exchange or distribute tobacco-related products including, but not limited to, cigarettes, cigars, loose tobacco, chewing tobacco, matches and lighters.

103.08: Inmate shall not make, possess, sell or exchange any amount of alcoholic beverage.

23) Sex Offenses

Grade I:

122.10: Inmates shall not force or in any way coerce any person to engage in sexual activities.

Grade II:

122.11: Inmates shall not voluntarily engage in sexual activity with any other person

122.12: Inmates shall not expose the private parts of their bodies in a lewd manner

Grade III:

122.13: Inmates shall not request, solicit or otherwise encourage any person to engage in sexual activity.

24) Smuggling

Grade I:

123.10: Inmates shall be guilty of Grade I smuggling if, by their own actions or acting in concert with others they smuggle weapons, drugs or drug-related products, alcohol, tobacco or tobacco related products, or escape paraphernalia into or out of the facility.

Grade III:

123.11: Inmates shall be guilty of Grade III smuggling if, by their own actions or acting in concert with others, they smuggle contraband other than that listed in section 123.10 of these rules.

25) Stealing, Possession of Stolen Property

Grade II

124.10: Inmates shall not steal property belonging to any other person or to the City whether that property is of any or no monetary value.

Grade II:

124.11: Inmates shall not possess property belonging to any other person or to the City whether that property is of any or no monetary value.

26) Tampering With Documents

Grade II:

125.10: Inmates shall not destroy, tamper with, change, counterfeit or give other inmates any institutional documents, passes or ID Cards.

125.11: Inmates shall not forge the signature of staff, an inmate, or any other person on any documents, institutional or otherwise.

27) Tampering with Security Devices

Grade I:

126.10: Inmates shall not tamper with, destroy, or sabotage any security related devices or equipment.

28) Threats

Grade I:

127.10: Inmates shall not make any threat whether spoken, in writing, or by gesture, against any staff member.

Grade II:

127.11: Inmates shall not make any threat whether spoken, in writing, or by gesture, against any person other than a staff member.

3) The Adjudication Captain will recommend whether you should remain in CC or CC/PC to the Chief of Facility Operations in writing within one (1) business day after the hearing. You will receive a copy of the decision of the Chief of Facility Operations or designee

4) If you are placed in CC or CC/PC the Department will review your case every twenty-eight (28) days to see if you should remain in CC or CC/PC. You will be notified in writing of the results of that review.

5) If you request a hearing you will have the following rights.

i. To personally appear;

ii. To be informed of the evidence against you that resulted in the designation;

iii. The opportunity to make a statement;

iv. To call witnesses subject to the Adjudication Captain's discretion;

v. To present evidence;

vi. The right to a written determination with reasons

(d)Miscellaneous

1) If you are illiterate, if your case is very complicated, or a pre-hearing transfer has restricted access to potential witnesses, you have a right to be helped by a "hearing facilitator" (not a lawyer). In hearings other than disciplinary infraction hearings, the Department may in its discretion allow you to have a lawyer present who is willing to represent you.

2) If you do not understand English an interpreter will be provided

3) The proceedings of the hearing are recorded

§ 1-05 Penalties

a) Introduction

If you are found guilty of violating a Department rule of conduct, your penalty will depend on the seriousness of your offense Grade I offenses are the most serious and Grade III offenses are the least serious. The penalty will also depend on the facts and circumstances of your case. If you have a good explanation or justification for your actions – what is known as "mitigating circumstance you may receive a less severe penalty.

Any of the penalties set forth below, or a combination of them, may be imposed on you for violating Department rules of conduct.

b) Reprimand

You may lose one or more privileges, temporarily or permanently except that:

i. You will not be deprived of the right to receive visitors, although contact visits may be replaced with non-contact visits.

ii. You will not be deprived of the right to send or receive mail;

iii. You will not be deprived of the right to contact legal counsel;

iv. You will not be deprived of the right to have recreation as a sanction for an infraction.

c) Loss of Good Time

If you are sentenced and serving your time in a Department facility, you may lose good time.

- i. You may lose all your good time for a Grade I offense.
- ii. The maximum that you can lose for a Grade II offense is two-thirds of all of your good time.
- iii. The maximum that you can lose for a Grade III offense is one-third of all of your good time.

d) Punitive Segregation

- i. The maximum period of punitive segregation for a Grade I offense is ninety (90) day & for each disciplinary charge.
- ii. The maximum period for a Grade II offense is twenty (20) days for each disciplinary charge.
- iii. The maximum period for a Grade III offense is ten (10) days for each disciplinary charge.

e) Restitution

If you are found guilty of damaging or destroying City property you may be ordered to pay restitution, which can be as much as the replacement cost of the item or property, plus the labor costs of fixing or replacing the item you damaged or destroyed. If you are found guilty of an assault that causes a need for medical services, you can be ordered to make a restitution payment towards the cost to the city of providing such medical services.

f) Repeated offenses

The third time you are found guilty of a rule of conduct violation for the same offense during the same period of incarceration, you may be sentenced to a penalty that applies to the next higher grade of offenses. For example, the third time you are found guilty of violating a specific Grade III offense during the same period of incarceration, you may be given a Grade II penalty. Similarly, the third time you are found guilty of violating a specific Grade II offense during the same period of incarceration, you may be given a Grade I penalty.

g) Surcharge

A disciplinary surcharge, in the maximum amount allowed by law may be imposed on you for violating a rule of conduct.

§ 1-06 Appeals

You have the right to appeal an adverse decision rendered by the Adjudication Captain within two (2) business days of service of the decision. If you have been sentenced to a total of thirty (30) days or more of punitive segregation or loss of all your good time on any one (1) Notice of Disciplinary Disposition (6500D), your appeal shall be forwarded to the General Counsel in the Department's Legal Division within five (5) business days of the receipt of your appeal, you will receive a written decision from the General Counsel regarding such appeal, unless further documentation/information is required by the General Counsel to decide your appeal. In those cases, the five (5) business day limit shall be extended and the reasons for the extensions will be noted on the General Counsel's decision to you if you receive an unfavorable decision from General Counsel within ten (10) business days of the receipt of your appeal, you may file a petition for a writ under Article 78 of the CPLR. If you are sentenced to less than thirty (30) days punitive segregation or loss of less than all of your good time, you may appeal that decision to the Warden of the facility where the infraction occurred.

Exhibit 15



Correctional Medical Associates of New York, P.C.
Correctional Dental Associates of New York, P.C.
Department of Human Resources
49-04 19TH Avenue Astoria, NY 11105
Tel: (347)774-8000 Fax: (347)774-8155

March 7, 2014

Re: Serena Thompson

To Whom It May Concern:

Please accept this letter as verification of employment for the above named. Serena Thompson is currently employed as a full time Mental Health Clinician with Correctional Medical Associates of New York, P.C.

Start Date: 09/17/2012

Hourly Rate: \$31.26

If you have any questions please call me at 347-774-7291.

Sincerely,

A handwritten signature in blue ink, appearing to read "Johanna Villanueva".

*Johanna Villanueva
Executive Assistant, Human Resources*



March 30, 2011

*Re: Linda Unneland
SS #: xxx-xx-██████*

To Whom It May Concern:

This letter is to verify that the above referred individual is employed with Prison Health Services – Correctional Healthcare since September 13, 2010 as a full-time (37.5hrs a week) Mental Health Clinician. Her current annual base salary is \$ 63,308.70.

If you have any questions, please call me at (718) 777-3490.

Sincerely,

*Carlos E. Ferreras
PHS – Department of Human Resources*



Personal and Confidential

August 13, 2010

American Embassy

Re: Ljubicic, Sanja
SS #: [REDACTED]

To Whom It May Concern:

This letter is to verify that the above referred individual is employed with Prison Health Services since November 17, 2008 as a full-time (37.5 hrs a week) Mental Health Clinician. Her current annual salary is \$53,745.90.

If you have any questions, please call me at (718) 777-3490.

Sincerely,


Carlos E. Ferreras
H.R. Department



CORRECTIONAL MEDICAL ASSOCIATES OF NY, P.C.
CORRECTIONAL DENTAL ASSOCIATES OF NY, P.C.

Department of Human Resources
49-04 19TH Avenue, Astoria, NY 11105
Tel: (347) 774-8000 Fax: (347) 774-8155

Greenberg, Naomi Keren
21-71 27th Street
Astoria, NY, 11105

Notice of Pay Rate and Payday under Section 195.1 of the New York State Labor Law

Under New York State Law Section 195.1 as your employer, Corizon is required to notify each employee of their current pay rate. Your current rate of pay is listed below. Please retain for your records.

Employee #: 001194

Company: NY1

Start Date: 6/18/2012

Full Time/Part Time/ PRN: Full-Time Job Title: RKR MHClinician

Your rate of pay per hour: 27.5448

Your overtime rate of pay per hour: 41.3172

Designated pay day: Every other Friday

Sincerely,
Jerome P. Donahue
Director of Human Resources

CONFIDENTIAL

3.10.2014
CORIZON_000710

Exhibit 16

Thompson, Serena

From: Leibowitz, Neil
Sent: Wednesday, February 19, 2014 5:28 PM
To: Dist - Rikers MH
Subject: Mental Health Update

Good afternoon:

In light of recent discussions with staff and events that have occurred over the last several months, I wanted to take the opportunity to update you on issues and initiatives that are going on in our department. I hope to send out periodic updates throughout the year.

Safety

We have had an island wide increase in assaults on staff. This has crossed multiple disciplines and departments. The majority of these have been splashings but we have also had several physical assaults as well. While these events are a terrible thing for our providers to endure, fortunately, we have not had any serious injuries or staff hospitalizations. That said, on an administrative level we have done a great deal of soul searching and have delved into the how we can make this a safer place for our staff and patients.

We have conducted meetings with DOC and DOH to improve both the facility and the DOC lines of sight/officer posts. We have also begun to work with all three of our unions in conjunction with DOC, DOH, COBA and the board of corrections to improve staff safety. We will keep you apprised of the results. Additionally, several other initiatives are in the works including more staff training on safety.

I want staff to be aware that if you find yourself in a position where your safety is compromised, please feel empowered to ask for help. When there are supervisory staff available, ask them to intervene. On off tours, please call operations for help. They will be able to intervene or direct your call to the administrator on call so we can support you or figure out the best way to proceed. Our foremost commitment is to keeping you and our patients safe. Please familiarize yourself with a patients past history and current situation and if needed you may ask for a patient to be cuffed during your visit. The take home message is that while DOC has a job to do (which may be getting a patient seen quickly), do not feel pressured to put yourself in a compromised position.

Programming

Over the past year we have expanded programming by opening two types of new units. Restrictive housing units (RHU) & Clinical Alternative to Punitive Segregation (CAPS). They have replaced MHAUII for patients that due to mental health issues are not appropriate for the Bing. While the criteria are lengthy, the basic tenet is that SMI patients are placed in CAPS units. These units allow for full lockout (similar to MO's) and provide significant programming. Patients are discharged when they meet treatment goals (as opposed to complete days owed.) The RHUs are generally for patients with significant mental health issues but are not SMI. These units are programming units which as patients go through the program, they receive increasing lock-out time. If they complete the program (about 60 days), they receive a time cut with the rest of their days held in abeyance. Additionally, there is a small unit on 12 main in GRVC for those patients who are our most challenging where we try to meet their treatment needs in a more restrictive setting. In opening these units,

we continue to grow and learn from what we did well and more importantly from our mistakes in the hopes that we can create a more therapeutic experience for our patients.

Patient Care

With the opening of Central Intake (to process new admissions from all male facilities sans MDC and adolescents), along with the opening on MO beds in GRVC we have been working to reshuffle our staffing matrix to better reflect the needs of each facility. This too has had some growing pains and we are doing our best to address vacancies due to opening of CAPS/RHU (new positions) and normal staff attrition as well as meet facility needs. Unfortunately the inclement weather this winter has placed an added burden on all of us and has us playing constant catch up. I appreciate all your efforts volunteering to stay/do overtime to help us meet an ever increasing patient needs.

Clinical Care

I want to continue to keep us all focused on good clinical care and strong documentation. Please use your supervisors as a resource to answer questions and help with the ever changing policies and documentation needs. I think today's grand rounds reminded us that we are different from DOC and we have the power to be agents of change to our patients and it starts with a thorough encounter.

Stay tuned

We are working on Grand Rounds speakers this year, trainings and refreshers that we hope will benefit you. I hope to have more to report in the coming months. My goal is to send out an update several times a year to keep you abreast of where we are at. As email is always somewhat limiting, we are going to get to know you better be it in small groups at a facility level or in possibly in a larger more formal setting.

On a personal note, despite my often rushing when you may see me, feel free to stop me in the hall, the clinic etc. and share your thoughts and ideas or just check in. I welcome and enjoy hearing from each of you.

As always, thank you for all you do.

Neil

~~X~~

Thompson, Serena

From: Messineo, Kathryn
Sent: Monday, November 30, 2015 10:28 AM
To: Thompson, Serena; Leibowitz, Neil; Konrad, Shane; Hyde, Dorrell; Brace, Kristila; Simpson, Justin; Sottile, Giuseppe
Cc: Petraro, Anne; Michael, Tommy; Ward, Jihan; McClure, Douglas; Mims, Jerry; Kent, Carl; Costella, Jenny; Morgan, William; Holtzman, Ashley; Gershfield, Gary; Blair, Tony; Greene, Robert; Killian, Stanley; Sabblah, Cornelius; Medich, Sanja
Subject: RE: Incident on MOD 11A

Good morning,

Unfortunately the placement and transfer of patients is an ongoing DOC issue. We are in weekly meetings discussing these issues and we work in conjunction with them to move out very aggressive and dangerous patients. There are a number of predatory slashers and other violent inmates who attempt to get into the MO units who we work very hard to send back to GP and keep our staff as safe as possible. A few examples of them are C [REDACTED] G [REDACTED] A [REDACTED] T [REDACTED] E [REDACTED] M [REDACTED] etc. I understand that there are a number of high classification violent patients who do make it onto the units. We have spoken with medical, on-call, MH in GP, and administration in regards to the transfer of these type of patients especially on watch. However, it is unrealistic that we will be able to prevent every transfer in or even be able to get every transfer out in a timely manner when we work within multiple systems. There is also the issue that in some instances these patients may require a higher level of care and at this time there are no other options except for them to be on an MO unit. It is a serious safety issue that we have brought to both DOC and MH administration's attention. We will continue to work with DOC to try to prevent the transfer of violent and inappropriate patients to the MO and also in transferring out problematic patients.

Thank you.

Kathryn Messineo, Ph.D.

Clinical Supervisor, AMKC-71

Rikers Island Correctional Facility

Correctional Medical Associates Of New York, P.C.

Office: 347.774.7503

Fax: 718.546.3891

E-Mail: Kathryn.Messineo@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105



www.CorizonHealth.com

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Thompson, Serena

From: LaGrange, Beth
Sent: Tuesday, May 14, 2013 5:47 PM
To: Thompson, Serena; Donovan, Janine; Rodriguez, Kristina
Cc: 'John.Gallagher@doc.nyc.gov'; Minervini, Christina; Asaro, Jesika
Subject: RE: RHU Team Meetings

This meeting has been re-scheduled for Wednesday, 5/15 at 3:00. There is a possibility that it will be off the unit, but if you don't hear differently, we'll plan on meeting in the bubble for now.

Beth LaGrange, Ph.D.
Clinical Supervisor, AMKC RHU
Rikers Island Correctional Facility

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.

Office: 347-774-7503

Fax: 718-546-3891

E-Mail: beth.lagrange@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

Please consider the environment before printing this email.

➤ **From:** LaGrange, Beth
Sent: Wednesday, May 08, 2013 4:05 PM
To: Thompson, Serena; Donovan, Janine; Rodriguez, Kristina; Scheuerman, Damien
Cc: 'John.Gallagher@doc.nyc.gov'; Minervini, Christina; Asaro, Jesika; Harris, Andiea
Subject: RHU Team Meetings

Next Monday, 5/13/13, we will commence a weekly 3:00 team meeting on the unit with the officers from both tours, as well as Dep Gallagher. We had been waiting for steady officers/captains to start these meetings, but we have at least a few steadies in place at this point, and Dep Gallagher and I don't think we can wait any longer to begin what we believe will be very helpful meetings. I know that you already talk a great deal with the officers on your respective shifts on a daily basis, but this should help us get more on the same page across shifts, and give the officers more direct input into levels decisions.

Beth LaGrange, Ph.D.
Clinical Supervisor, AMKC RHU
Rikers Island Correctional Facility

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Fax: 718-546-3891

E-Mail: beth.lagrange@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

Please consider the environment before printing this email.

Thompson, Serena

From: Donovan, Janine
Sent: Monday, December 23, 2013 3:49 PM
To: Romano, Israel; Hyde, Dorrell; Harris, Andiea
Cc: Kennedy, Lauren; Thompson, Serena
Subject: RHU New Unit Concerns

Hi All,

This is a list of concerns that Serena and I have in lieu of the new RHU unit opening. We planned on meeting with Dr. Harris to discuss these concerns, however since we might not meet until after the unit opens, I would like to share some of the issues with you beforehand.

*We still do not have handcuffs on the unit. I was able to utilize a daisy chain today, however that is not the safest method, and it still does not allow for the amount of patients that we need to accommodate for group. The Captains have recently been denied additional handcuffs by control, as Captain Lewis reported today. If we do not have handcuffs for this unit, how are we going to afford the program to patients on the additional unit opening?

*We still do not have a steady Captain for the RHU. Every day we receive a new captain who is not necessarily familiar with the program. This makes it more difficult for needs to be addressed, as Captains rely heavily on Dep Stuke's direction, because they are not aware of RHU procedures

*There is not a full team of steadies in the current RHU on the 3-11. As we know, consistency and having steady officers who understand the program is key. A new unit is opening, and as far as I am aware, steady officers have not been designated the appropriate posts.

*It will not be feasible for Serena and I to afford everyone their group and activity time on both units during the morning shift without evening staff in place. Also, importantly, to avoid the splitting and miscommunication that ultimately are the downfall of a program like this, we need to make sure the staff is properly trained for the RHU.

*We continue to struggle with safety concerns on the RHU. Including patients who have gotten out of their cells multiple times. This is a problem we had not encountered on QL8.

If we could put a plan in place as far as staffing that would be great. We are unsure how to orient the new patients to the program if it is yet to be determined how they will be afforded programming in the evenings. We do not want to start off informing them of their program opportunities if they are not guaranteed to participate at the moment.

Thank you all for your attention to the matter, it is greatly appreciated!

Janine & Serena

Janine Donovan, LMHC
Rikers Island Correctional Facility
AMKC, R.H.U.

Thompson, Serena

From: LaGrange, Beth
Sent: Tuesday, April 16, 2013 12:31 PM
To: Thompson, Serena; Donovan, Janine
Subject: FW: Handcuffs

Fyi, see below. I'll let you know if I hear anything back. Dr. Harris also suggested I bring it up tomorrow at a meeting w/ the new Supervising Warden. Here's hoping something will budge!

Beth LaGrange, Ph.D.
Clinical Supervisor, AMKC RHU
Rikers Island Correctional Facility

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.

Office: 347-774-7503

Fax: 718-546-3891

E-Mail: beth.lagrange@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

Please consider the environment before printing this email.

From: LaGrange, Beth
Sent: Tuesday, April 16, 2013 12:25 PM
To: 'Luis.Rivera@doc.nyc.gov'
Cc: 'John.Gallagher@doc.nyc.gov'; Minervini, Christina
Subject: Handcuffs

Hi Warden Rivera, I'm wondering when we might expect to get more handcuffs in the RHU. As I think you're aware, we have not had enough for awhile now. Thus, the officers have resorted to using ankle cuffs as handcuffs, and now are using some sort of long chains that connect multiple patients. I'm not comfortable with this as a long-term solution, and thus the lack of cuffs is going to interfere with holding groups and activity time. The officers on the unit assure me that "everyone" knows about the shortage, including security – but I just wanted to reach out to you personally in case there is anything you can do.

Regards,

Beth LaGrange, Ph.D.
Clinical Supervisor, AMKC RHU
Rikers Island Correctional Facility

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.

Office: 347-774-7503

Fax: 718-546-3891

E-Mail: beth.lagrange@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

Please consider the environment before printing this email.

Thompson, Serena

From: LaGrange, Beth
Sent: Wednesday, April 24, 2013 9:02 AM
To: Thompson, Serena; Donovan, Janine
Subject: FW: Hand cuffs & Concerns

Fyi, see below. I'll keep you posted.

Beth LaGrange, Ph.D.
Clinical Supervisor, AMKC RHU
Rikers Island Correctional Facility

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.

Office: 347-774-7503

Fax: 718-546-3891

E-Mail: beth.lagrange@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

Please consider the environment before printing this email.

From: Harris, Andiea
Sent: Wednesday, April 24, 2013 8:57 AM
To: LaGrange, Beth
Cc: Minervini, Christina; Selling, Daniel; Panove, Elena; Anthony Waters
Subject: RE: Hand cuffs & Concerns

Good morning and welcome back!

We were hoping to address the issues at the Chief's mtg which is now scheduled for this Friday at 10am. I'm also copying Drs. Selling, Panove and Waters on this email as I had informed them and need to see this follow up.

Thank you.

A. Harris, Ph.D., CCHP
Mental Health Deputy Director
Rikers Island Correctional Facility

From: LaGrange, Beth
Sent: Wednesday, April 24, 2013 8:49 AM
To: Harris, Andiea
Cc: Minervini, Christina
Subject: FW: Hand cuffs & Concerns

Good morning Dr. Harris, I just wanted to let you know that there are still not enough handcuffs on the unit (see Serena's update below). I never heard anything back from Warden Rivera about when we might expect to get more. Also, despite regularly explaining the program and how behavioral reinforcements work to the officers on the unit, as well as discussing specific individualized plan (i.e., the individual described below), we are still having difficulty getting

them to work with us. I will email Dep Gallagher later and ask him to reinforce with the officers. I really think they will respond better if the directives come from within (DOC) rather than from mental health.

Yesterday, there was a search of the unit, which yielded 3 weapons, as well as one of the pts attacking another during the search.

Beth LaGrange, Ph.D.

Clinical Supervisor, AMKC RHU

Rikers Island Correctional Facility

CORRECTIONAL MEDICAL ASSOCIATES OF NEW YORK, P.C.

Office: 347-774-7503

Fax: 718-546-3891

E-Mail: beth.lagrange@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

Please consider the environment before printing this email.

From: Thompson, Serena

Sent: Monday, April 22, 2013 1:02 PM

To: LaGrange, Beth

Cc: Minervini, Christina; Asaro, Jesika

Subject: Hand cuffs & Concerns

Hi Dr LaGrange

I just wanted to inform you that we still do not have the proper amount of hand cuffs on the unit. Today I believe we had three. Captain Blair was notified and she stated that she would speak with Dep. Gallagher.

Additionally, Officer Daif has been working on the unit this past week and today. He has been taking L [REDACTED] out of his cell and allowing him to walk up and down the tier allowing him to speak with other inmates in their cell. He was taking L [REDACTED] back and forth to law library and some days he provided L [REDACTED] with three showers even though he was acting out. It is becoming a security concern as L [REDACTED] is known to have problems with some of the Pts. For instance, On Thursday L [REDACTED] was allowed out of his cell and he was standing by the dayroom instigating and insulting M [REDACTED] while he was in group. Today he opened L [REDACTED] slot and was once again unable to close it. Torres had to go on the tier and close L [REDACTED] slot. L [REDACTED] had a bottle filled with urine he was planning on throwing at someone. Is it possible to ask that his officer not be able to take the post anymore? It is getting out of hand.

Thank you.

Serena Thompson, LMSW

Rikers Island Correctional Facility

Correctional Medical Associates of NY, P.C

18-18 Hazen Street

East Elmhurst, NY 11370

Serena.Thompson@CorizonNYC.com

Thompson, Serena

From: Thompson, Serena
Sent: Thursday, November 20, 2014 9:06 AM
To: Davidson, Igor; Sottile, Giuseppe
Cc: Hyde, Dorrell; Kennedy, Lauren; Leung, Yat; Harris, Andiea
Subject: Pt of concern

Good Morning Everyone.

I am aware that everyone knows of the situation that occurred on 1/7/14 where M^M specifically threatened to kill me. When it was first discussed about him coming to CAPS, I emailed documented proof on 11/5/14 that this incident occurred. He was moved out of AMKC the following day due to this threat. I was informed that there was a meeting yesterday about this concern and it was decided to place M^M in CAPS MOD 1LA. Despite the fact that this is not the side I work on, this is very concerning as the patient will daily be in close proximity and patients frequently come onto the bridge. There are often times when a patient is displaying threatening and aggressive behavior and they are not promptly locked in by DOC upon our requests. I am becoming increasingly uncomfortable with our safety risks being minimized.

I don't want anyone to take this personal, as I just wanted this documented in case I am physically assaulted.

Below is the documents I provided on 11/5/14:

From: Thompson, Serena
Sent: Tuesday, January 07, 2014 10:10 PM
To: Romano, Israel; Donovan, Janine
Subject: Major issue

M^M threatened to kill me. He then stated that there will be a slaughter on the 15th (his court date or the day before court) and people including Mental Health will be cut and killed. He also stated to ask DOC that when he says he is going to do something he is going to do it. He was angry because I told him that he needs to exhibit good behavior for a few days before he is allowed to come out. Started breaking a part his cell and then stopped.

I expect this to be taken care of somehow! He didn't just threaten to hurt me and MH he threatened to KILL.

Thanks

Serena

Thompson, Serena

From: Thompson, Serena
Sent: Friday, June 14, 2013 7:56 PM
To: Minervini, Christina
Cc: Donovan, Janine; LaGrange, Beth; Asaro, Jesika
Subject: RHU Problems

Hello Christina.

As we all already know, there needs to be a lot of changes made during the 4-12 shift as far as the officers and or Captains. R [REDACTED] just started a fire on the unit because he was getting "amped up" (as one of the patient's stated) by T [REDACTED] and others around his cell. T [REDACTED] gave him the means to light his cell on fire. DOC procedures are not being implemented well. I would suggest looking at the cameras from 5pm to 7:30pm. I told the officers the inmates were playing with fire in the back of the tier. No one took it seriously. Then I noticed a black cloud approaching. The Dep was just in the bubble and was walking out the door. The response I got about the fire was I am going to call the Captain. I went outside and got the Dep to come back to the unit. At this point the entire tier was black. In the mean time I had to beg several officers and Captain to remove R [REDACTED] from his cell as he has asthma and was already complaining he could not breathe. It took me 20 mins before he was finally removed. He could not breathe at first because the tier was flooded. As I stated in my earlier email, W [REDACTED] flooded the tier because he lost his level. Sanitation keeps refusing to clean the unit. This occurred three days in a row. It is taking way to long to clean the tier, which stops program and escalates problems on the unit. There is really no control over the inmates and makes it a very unsafe environment. L [REDACTED] had a weapon and T [REDACTED] climbed the 3 point search and was smoking weed. If the objects were confiscated at that time, maybe he wouldn't have been able to provide R [REDACTED] with the means to start a fire in his cell.

I really hope this incident will led to some very needed changes on DOC's part.

Thanks

Serena

Unneland, Linda

From: Leibowitz, Neil
Sent: Wednesday, May 07, 2014 7:26 PM
To: Dist - Rikers MH
Subject: Update

Good Evening:

I wanted to start by thanking you for your patience and dedication. While we continue to have numerous initiatives in progress I thought it was important to update everyone on some of the areas we have had movement. An eCW report that you can run at any time listing the assaultive patients in your facility has been made by the eCW team. If you do not know how to find it please speak to your supervisor. Also we are rolling out a daily email to facility leadership to be distributed to staff with the list of assaultive patients in the facility. It is important that all patients requiring this code receive it, so please help us ensure the list is accurate. It has been raised that we should also have a sexual assault code. For many reasons, we would rather that if a patient is sexually assaultive, they be also listed as an assaultive patient rather than making a distinction in the chart. Additionally, we have started moving around some of the office furniture to better protect staff during encounters. Due to DOC wiring (for IT and panic alarms) and DOC security input changing around all the offices will be an ongoing project. If furniture in your office was recently moved, please do not move it back. If needed, let your supervisor know the issues with the new configuration. Finally we have opened a new and better designed Harts Island Clinic which is a significant upgrade from both a physical plant and staff safety layout. If you are in AMKC feel free to take a peek in!

Admittedly, we still have plenty of work to do and I will make efforts to update you as things move forward.

Thank you.

Neil

Unneland, Linda

From: Unneland, Linda
Sent: Friday, April 25, 2014 6:30 PM
To: Menna, Nicole; Francois, Anne; Suarez, Froilan; Rodriguez, Kristina; Grabowski, Robert; Bustamante-Quon, Richard; Linick, Jessica; Petraro, Anne; Pino, Jillian; Gomez Agustin; McClure, Douglas; Evans, Richande
Cc: Kennedy, Lauren; Hyde, Dorrell; Linick, Jessica; Blakney, Sandra
Subject: RE: aggressive pt

I was told that this pt has a history of stabbing 2 staff persons. It is completely unacceptable to house him in a dorm!

By the way T [REDACTED] H [REDACTED], the inmate who severely assaulted Jessica Glazier in 2012, was recently brought back into this building. It took an astute inmate to recognize him and tell DOC that was not cool and they subsequently moved him.

It seems that DOC is not on top of security issues and yet we are expected to walk into dorms to accomplish our duties, potentially endangering our lives!

Linda Unneland, LCSW-R
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E-Mail: Linda.Unneland@CorizonNYC.com
Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Unneland, Linda
Sent: Friday, April 25, 2014 6:14 PM
To: Menna, Nicole; Francois, Anne; Suarez, Froilan; Rodriguez, Kristina; Grabowski, Robert; Bustamante-Quon, Richard; Linick, Jessica; Petraro, Anne; Pino, Jillian; Gomez Agustin; McClure, Douglas; Evans, Richande
Cc: Kennedy, Lauren; Hyde, Dorrell; Linick, Jessica; Blakney, Sandra
Subject: RE: aggressive pt

WHY IS DOC HOUSING HIM ON A DORM?

This is another Jessica Glazier incident waiting to happen!

Linda Unneland, LCSW-R
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From: Menna, Nicole
Sent: Friday, April 25, 2014 5:24 PM
To: Francois, Anne; Suarez, Froilan; Rodriguez, Kristina; Grabowski, Robert; Bustamante-Quon, Richard; Linick, Jessica; Petraro, Anne; Pino, Jillian; Unneland, Linda; Gomez Agustin; McClure, Douglas; Evans, Richande
Subject: aggressive pt

Hey guys

I know we were all alerted about the aggressive pt that was recently housed in Mod 11B. His name is R [REDACTED] B [REDACTED] 1411404333. I am in GMDC and working with a man that worked with the ACT team that he came from. He is VERY dangerous and has a history of attacking staff. Please be careful and forward this to anyone that you think may need to know.

Thanks! Have a great weekend everyone =)

Unneland, Linda

From: Yussuff, Fazal
Sent: Thursday, September 25, 2014 4:56 PM
To: Dist - All Rikers
Cc: Cochran, Clair; Angela.Gildehaus@corizonhealth.com; Lee, Jessica
Subject: RE: Weekly Security Alert
Attachments: Weekly security SECURITY ALERT 09262014.docx

We are concerned about the safety of all of our employees. In our ongoing efforts to create a more safe work environment we will be sending out "Security TIPS" that we feel that might be helpful for all of us. If any of you have any recommendations or suggestions of topics we should address and would like for your peers to know please send me that feedback.

Please disregard the previous email.

Thanks

Fazal M. Yussuff, MPA, RN, CCHP
Director of Operations



Office: 347-774-7011

Cell: 347-682-6388

Fax: 347-774-8053

E-Mail: Fazal.Yussuff@CorizonNYC.com

Mailing: 49-04 19th Avenue | Astoria, NY 11105

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Unneland, Linda

From: Unneland, Linda
Sent: Tuesday, November 04, 2014 4:28 PM
To: Kennedy, Lauren
Cc: Hyde, Dorrell; Simpson, Justin
Subject: RE: Pt needing attention

Thanks. As of yesterday, he was reported to be turning over tables, throwing chairs, picking fights and cursing out C.O.s. He nearly engaged in a fight with another inmate (S [REDACTED] A [REDACTED]) who is normally very mild mannered. The most disturbing fact is that it appears that DOC is resistant to locking up violent, aggressive inmates in their cells even when they are engaged in violent episodes. This is a security hazard for civilians, other inmates and even the Correction Officers themselves.

Yesterday A [REDACTED] R [REDACTED] 2391413306, who is himself showing signs of decompensation, was walking around the unit with a hand-fashioned rope. This is very threatening to any civilian when the inmate is clearly aggressive. Then there is the issue of ropes hanging up in the inmates' cells, which they use for hanging up their washed clothes. These could clearly be used for self-harm, but it seems there is a tolerance in DOC for many things which seem to defy logic.

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From: Kennedy, Lauren
Sent: Tuesday, November 04, 2014 4:15 PM
To: Unneland, Linda
Subject: FW: Pt needing attention
Importance: High

FYI

Lauren Kennedy, LMHC, NCC

Mental Health Assistant Unit Manager
Rikers Island Correctional Facility
Anna M. Kross Center C-71
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Office: 347-774-7449
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Exhibit 17

Thompson, Serena

From: Donovan, Janine
Sent: Monday, December 16, 2013 8:47 AM
To: Hyde, Dorrell; Kennedy, Lauren
Cc: Romano, Israel; Thompson, Serena
Subject: RE: RHU Night Update- Serious Concerns!!

Good morning,

Has Dr. Harris been made aware of the ongoing issue of people getting out of their cells in the RHU? This has happened more times than I can remember in the past 3 months that we have been on QL7. M [REDACTED], K [REDACTED] and L [REDACTED] have each gotten out of their cells several times. This latest update from Serena is especially alarming. How was an inmate able to not only get out of his cell, but make his way to the day room to hit the officer in the head with a weapon? What if it had been Serena that he was going for? Thank God it was not! I am growing tired of having to work on edge all day in such a high risk setting. Yes, I understand this comes along with the environment in which we work, to some extent. But not to the extent of the persistent danger that has been an ongoing issue in the RHU. We worked in QL8 for about 10 months and no one ever got out of their cells. Perhaps QL7 is not properly built to house this caliber of inmate. The building is old and the walls crumble after being hit several times with the toilet, sink, etc. This is not a safe environment for clinicians to be in all day long, the way the RHU program requires us to be. Something really needs to be done before one of us gets seriously hurt. We have had far too many "close calls."

Thank you

Janine

Janine Donovan, LMHC

Rikers Island Correctional Facility
AMKC, R.H.U.
18-18 Hazen St, Elmhurst NY 11370
Phone (718) 546-3888
Fax (718) 546-3891
Email: janine.donovan@corizonnyc.com

From: Thompson, Serena
Sent: Friday, December 13, 2013 11:54 PM
To: Donovan, Janine; Romano, Israel
Cc: Hyde, Dorrell; Kennedy, Lauren
Subject: RHU Night Update

****L [REDACTED] broke out of his cell and hit M [REDACTED] in the head with a mop and then started throwing cinderblocks at the officers- while I was in the dayroom. I thought he was after me b/c I knew he was angry with me about his level- (He wasn't though). The probe team came and then brought him right back- about 2 seconds. He started breaking apart another cell. Eventually was taken to intake.....I need a raise, some hazard pay , oh and a gate one!!**

Unneland, Linda

From: Mintz, Amanda
Sent: Tuesday, April 29, 2014 11:37 PM
To: Frey, Matthew; Unneland, Linda; Greenberg, Naomi
Subject: RE:

Once again I am left speechless

From: Frey, Matthew
Sent: Tuesday, April 29, 2014 11:36 PM
To: Unneland, Linda; Mintz, Amanda; Greenberg, Naomi
Subject: RE:

It's never ending, I had an inmate smash his head against the plexiglass and wood behind me when I told him he wouldn't be getting moved to the MO. The CO's thought the sound was coming from outside the building it was so loud... it wasn't until one of them turned around did they intervene. GMDC GP MH Clinic is a death trap, tight quarters, one exit, nowhere to go and only one CO outside of it who can't even see in because he's facing the other way.

From: Unneland, Linda
Sent: Tuesday, April 29, 2014 11:33 PM
To: Mintz, Amanda; Frey, Matthew; Greenberg, Naomi
Subject: RE:

A [REDACTED] M [REDACTED] apparently assaulted 2 C.O.s last night and again, the inmates had to come to their aid.

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From: Unneland, Linda
Sent: Monday, April 28, 2014 9:38 PM
To: Mintz, Amanda; Frey, Matthew; Greenberg, Naomi
Subject: RE:

Yes, 12 Mod. Half the time these guys don't take their medication and the other half they have no business being in a dorm.

Linda Unneland, LCSW-R
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From: Mintz, Amanda
Sent: Monday, April 28, 2014 9:19 PM
To: Unneland, Linda; Frey, Matthew; Greenberg, Naomi
Subject: RE:

Was that on 12MOD? There was a big fight there earlier in the night, and I think an officer had to go out

Amanda Mintz, MA

Mental Health Treatment Aide Supervisor - CAPS Unit

From: Unneland, Linda
Sent: Monday, April 28, 2014 8:59 PM
To: Frey, Matthew; Greenberg, Naomi; Mintz, Amanda
Subject: RE:

So today I decided not to step foot on any of the units and I am so glad! In the middle of a Suicide Watch assessment conducted while in the bubble through the small window, this guy comes out of nowhere and goes apeshit punching the plexiglass window and ripping the phone out of the wall. That could have easily been my head. There is no job in the world worth that! Personally, I am not stepping foot in another unit unless they are all locked in!

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From: Frey, Matthew
Sent: Monday, April 28, 2014 8:42 PM
To: Unneland, Linda; Greenberg, Naomi; Mintz, Amanda
Subject: RE:

Man, if there were huge headlines reporting this shit, then political pressure, then maybe changes will happen...till that day, humph, mneh

From: Unneland, Linda
Sent: Monday, April 28, 2014 7:50 PM
To: Greenberg, Naomi; Mintz, Amanda; Frey, Matthew
Subject: RE:

Let's see, there were 6 of them on the unit and they did not do a blessed thing to keep that inmate away from her, she suffered a broken jaw as a result and they are getting commendations? We should call for the immediate resignation of this fool. It is clear he did not see the assault on the second intern. He probably got sold a bag of good that it was "accidentally erased." This guy needs to go back to Maine. The inmates are running the show, getting progressively more bold and violent and he wants to give them "time outs" and issue commendations to Officers who do not prevent injuries from occurring. It is an insult to all of us. Wait and see, they are going to start slashing DOC staff, it is just a matter of time.

Linda Unneland, LCSW-R
Mental Health Clinician, AMKC
Rikers Island Correctional Facility

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From: Greenberg, Naomi
Sent: Monday, April 28, 2014 7:44 PM
To: Unneland, Linda; Mintz, Amanda; Frey, Matthew
Subject: RE:

Wowwwww, an inmate slashed on 11 mod today????????? For that reason? Sick sick

He also came to GRVC to do the same for the officers who came to Stephanie's aide.

From: Unneland, Linda
Sent: Monday, April 28, 2014 7:41 PM
To: Mintz, Amanda; Frey, Matthew; Greenberg, Naomi
Subject: RE:

Yes, Francois just confirmed the date. Amanda, don't do anything that does not feel right to you. I am sure there will be plenty of people going,

There was, in fact, a slashing but it was of an inmate who refused to give in to peer pressure to slash a Captain, so they slashed him instead on 11 Mod. I hear there is a whole list of targets.

Also, Mr. Commish was here today at roll call apparently to give a commendation to the Officer on L2 who reportedly came to the "immediate" aide of the student last week. Excuse me all, I am about to puke.

Linda Unneland, LCSW-R
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From: Mintz, Amanda
Sent: Monday, April 28, 2014 6:33 PM
To: Unneland, Linda; Frey, Matthew; Greenberg, Naomi
Subject: RE:

I heard Wednesday May 7th. Is that the correct time?

Also, I'm not in the union. I don't know if it will jeopardize anything if I go

Amanda Mintz, MA
Mental Health Treatment Aide Supervisor - CAPS Unit

From: Unneland, Linda
Sent: Monday, April 28, 2014 5:51 PM

Unneland, Linda

From: Unneland, Linda
Sent: Tuesday, October 07, 2014 4:30 PM
To: Watson, Gwendolyn
Subject: FW: Weekly Security Alert

I was told by Nicole Menna, one of the Clinicians here that she was not notified of the assault prior to meeting with the assaultive pt today. This was denied by Ms. Lauren Kennedy, the Assistant Unit Chief, who claims she warned her in advance.

The issues of safety are serious and ongoing here. Can you provide any updates regarding the time frame for the OSHA enforcements?

Linda Unneland, LCSW-R
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Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Unneland, Linda
Sent: Tuesday, October 07, 2014 4:23 PM
To: Yussuff, Fazal
Cc: Lee, Jessica; Watson, Gwendolyn
Subject: RE: Weekly Security Alert

Mr. Yussuff,

Are you aware that there was an assault on Bob Greene yesterday on Mod 5 & 7?

It is very upsetting, not only that the violence directed toward staff continues to occur, but that there is no formal notification made to the rest of the staff when these incidents occur so that we can take steps to safeguard ourselves.

Linda Unneland, LCSW-R
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Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Unneland, Linda
Sent: Monday, October 06, 2014 4:41 PM
To: Yussuff, Fazal
Cc: Lee, Jessica; Watson, Gwendolyn; Hyde, Dorrell; Kennedy, Lauren
Subject: RE: Weekly Security Alert

Sorry for the delay in responding Mr. Yussuff as I was away for a week's duration and just returned today.

Unneland, Linda

From: Frey, Matthew
Sent: Tuesday, April 29, 2014 4:14 PM
To: Mintz, Amanda; Greenberg, Naomi; Unneland, Linda
Subject: RE: Clinic "inspection"

We had a slashing today in intake; they put a violent administrative seg blood in a holding cell after he was GP'd from the MO with another inmate that was leaving today to go home. Now the inmate that should have been home by now is in the hospital after being brutally slashed.

From: Mintz, Amanda
Sent: Tuesday, April 29, 2014 4:12 PM
To: Greenberg, Naomi; Unneland, Linda; Frey, Matthew
Subject: RE: Clinic "inspection"

Those seem like very ideal escape routes :/

Do you know if they are going to all buildings/housing facilities?

Amanda Mintz, MA

Mental Health Treatment Aide Supervisor - CAPS Unit

From: Greenberg, Naomi
Sent: Tuesday, April 29, 2014 1:52 PM
To: Unneland, Linda; Frey, Matthew; Mintz, Amanda
Subject: Clinic "inspection"

Chief of DOC came to check out the status of our clinic today at GRVC, including the buzzers (they started construction in November, never finished it) and the escape routes (which are blocked off with cement).

Unneland, Linda

From: Torres, Pamela
Sent: Friday, June 19, 2015 6:16 PM
To: Brierley, Melissa; Unneland, Linda
Subject: FW: pt assault

From: Torres, Pamela
Sent: Friday, June 19, 2015 6:11 PM
To: Malika, Luke
Subject: RE: pt assault

Oh my god! I knew it was a matter of time. I told them all this would happen and administration knew . Oh wow he is sooo nice.

From: Malika, Luke
Sent: Friday, June 19, 2015 5:57 PM
To: Torres, Pamela; Alexander, Laila
Cc: Valdovinos, Patricia
Subject: pt assault

Pam & Lila,

Sorry to inform you that Ralf Atlas was beaten up badly by one of his pts on 17B last evening. 17B M. H office cannot be locked from inside. I had brought it to his attention a week ago to talk to someone. He was working in the office, on the computer, and this pt walked in and assaulted Ralf really bad. Have two broker bones; his right side jaw and the bone near his right eye. Is in the New York Hosp, Flushing.

I heard , Dr. Libovitz suggested to take off the locks from such doors because the inmates can grab the key from you and lock it from inside and kill you hence suggested to have half doors. I think , he is not right. Pt's mental status and his eligibility to enter the office is a clinical judgement of the clinician. A potentially dangerous inmate should be seen only in the day-hall at a distance from the COs.

Luke

Unneland, Linda

From: Unneland, Linda
Sent: Thursday, June 12, 2014 4:38 PM
To: Mintz, Amanda; Greenberg, Naomi; Stahlman, Monica; Frey, Matthew; Mack, Monique; Escalona, Maya
Subject: RE: GRVC TSO

I attended the City Council meeting today and while I could only remain for a portion of it due to having to report to work, I did hear a commitment loud and clear on the part of the politicians to safeguarding staff safety, including getting us out of the housing units. I am sure I will be briefed on the content of the remainder of the meeting which I missed.

Today on my way in, I stopped by the HI clinic to inquire whether I could conduct my pt interviews there and I was told by Captain Peyton, the same one who was injured by "Peaches," that this would create too much traffic in the clinic. I was told it is also not an option to interview pts in the interview rooms outside of the housing units because of the lack of a DOC post there in the evenings, although it is available during the days. So it will be interesting to see how this eventually plays out.

P.S. OSHA attorneys are on top of it and also interested in the response.

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Mailing: 49-04 19th Avenue | Astoria, NY 11105

From: Mintz, Amanda
Sent: Thursday, June 12, 2014 4:15 PM
To: Greenberg, Naomi; Unneland, Linda; Stahlman, Monica; Frey, Matthew; Mack, Monique; Escalona, Maya
Subject: RE: GRVC TSO

Enabling this behavior....such a great solution :/

Amanda Mintz, MA

Mental Health Treatment Aide Supervisor - CAPS Unit

From: Greenberg, Naomi
Sent: Thursday, June 12, 2014 8:32 AM
To: Unneland, Linda; Mintz, Amanda; Stahlman, Monica; Frey, Matthew; Mack, Monique; Escalona, Maya
Subject: RE: GRVC TSO

This is incredible!

Yesterday on one of the RHUs at GRVC, one inmate popped his cell door and attacked an officer, two other inmates were refusing to lock in because someone missed a haircut when the building was locked down and the time had to be called.

After all that, DOC got the guy a haircut...

Exhibit 18

From: Donahue, Jerome P.
[Jerome.Donahue@CorizonNYC.com]
Sent: Thursday, January 16, 2014 1:15 PM
To: Gildehaus, Angela
Subject: FW: Safety Meeting

It went ok, we are going to tweak your letters to our site and send them out to the employees next week.

From: Donahue, Jerome P.
Sent: Thursday, January 16, 2014 10:36 AM
To: Zuckerman, Michael
Cc: Cowan, Jay; Doherty, Donald; Yussuff, Fazal; McNerney, Eileen; Leibowitz, Neil
Subject: Safety Meeting

At yesterday's meeting we agreed to:

1. Buy and supply practitioners with Safety Goggles
2. Buy and supply waterproof Lab Coats that signify Corizon Health on it
3. Extra Scrubs will be available when necessary
4. Work with DOC to provide at least on cubicle in each clinic with a cuff bar to restrain inmates during examinations
5. ECW will more prominently display a coded message on known aggressive inmates
6. Corporate will inspect and provide a survey of risk management issues, speaking with employees during the week of 2/5
7. Delegates and representative will be allowed to attend quarterly wardens meeting (with DOC approval) to discuss safety issues
8. We will push for joint meetings with the DOH/MH and DOC
9. We will increase upper management presence in the clinics
10. Training Modules will be developed, including on line, and video taping of Grand Rounds
11. Review procedures for phone usage during emergency calls.
12. Review procedures for clinic flow of patients in the clinics.

Jerry Donahue
Director of Human Resources
Rikers Island



Office: 347-774-7293
Fax: 718-777-7824
E-Mail: Jerome.Donahue@CorizonNYC.com

Mailing: 49-04 19th Ave Astoria , NY 11105



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From: McNerney, Eileen
Subject: FW: Security & Situational Awareness Training for Corizon staff
To: Angela Gildehaus
Cc: Donahue, Jerome P.
Sent: June 13, 2014 8:33 PM
Attached: rtf-body.rtf

FYI, we had a meeting about this earlier today. To be kicked off at grvc.

From: Williams, Roderick [mailto:Roderick.Williams@doc.nyc.gov]
Sent: Friday, June 13, 2014 4:29 PM
To: Yussuff, Fazal; Lawson, Blair
Cc: Doherty, Donald; Cowan, Jay; MacDonald, Ross; Rosner, Zachary; Donahue, Jerome P.; McNerney, Eileen
Subject: FW: Security & Situational Awareness Training for Corizon staff

FYI -

From: Williams, Roderick
Sent: Friday, June 13, 2014 3:37 PM
To: Suprenant, Brian; Berliner, Erik
Cc: Rivera, Luis. A; Scott, Mark. A; Bailey, Alex; Canty, Yolanda; Collins, Karen; Cuin, Antonio; Duffy, Edmund; Griffin, Linda; Gumusdere, Turhan; Jackson, Darren; Newton, Carlton; Perrino, James; Stukes, Kenneth; Purvis, Ronnie; Melendez, Miguel; Bullaro, Marc; Hall, Andrea; Vasquez Jr., Eddie; Bialek, Nathaniel; Vazquez, Victor; VonBraunsberg, Marc
Subject: Security & Situational Awareness Training for Corizon staff

Good afternoon,

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Tuesday, July 8 - OBCC

Tuesday, July 15 - GMDC

Tuesday, July 22 - MDC

Tuesday, July 29 - RMSC

Remaining facilities will be scheduled.

Any questions or concerns, please contact me.

Thank you.

Roderick Williams
Assistant Commissioner
Health Affairs and Forensic Services
New York City Department of Correction
360 Mandanici Road
E. Elmhurst, New York 11370
718 546-8378 (office)
718 546-8104 (fax)

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From: McNerney, Eileen
Subject: DOC Security and Situational Awareness Training at GRVC on Tuesday at 8 am and again at 4 pm
To: Cintron, Luis; Harris, Andiea; Cherchever, Arkady; Robinson, Paul; Yussuff, Fazal; Castellanos, Carlos; Silva, Marilyn; Minervini, Christina; Donahue, Jerome P.; Williams, Elvira
Sent: June 15, 2014 7:30 PM
Attached: Letter to Geralda regarding layoffs 090106.doc, OT 2006_0714 PHSINC.xls

DOC will be holding **GRVC Security and Situational Awareness Training on Tuesday, June 16, 2014.** This is for employees working at GRVC. Other facilities will follow in the next few weeks. The training will last for approximately one hour. We ask that staff be respectful and **report to the GRVC Chapel promptly either at 8 am or 4 pm** . Training will start 5 minutes later.

DOC has requested that no late arrivals be permitted to enter the chapel .

I will visit GRVC tomorrow morning in order to circulate flyers.

Eileen McNerney

Regional Labor and Employee Relations Manager, Rikers Island



Phone: 347.774.7294 (new)

Cell: 347.899.1887

Fax: 347-774-8158 (new)

E-Mail: eileen.mcnerney@CorizonNYC.com

Mailing: 49-04 19th Avenue Astoria, NY 11105

-

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From: Donahue, Jerome P.
Subject: FW: Security & Situational Awareness Training for Corizon staff
To: Dist - Rikers Exec Team; Dist - Rikers HSA; Dist - Rikers DON; Dist - Rikers MH Unit Chiefs
Cc: Cochran, Clair; Gildehaus, Angela (Angela.Gildehaus@CorizonHealth.com)
Sent: June 18, 2014 2:28 PM
Attached: rtf-body.rtf, image002.jpg, image001.png

Please review the schedule below and make every effort to attend in your building and encourage your staff to participate.

From: Doherty, Donald
Sent: Wednesday, June 18, 2014 7:40 AM
To: Donahue, Jerome P.
Cc: Cowan, Jay; Leibowitz, Neil; Yussuff, Fazal
Subject: FW: Security & Situational Awareness Training for Corizon staff

Jerry:

Please ensure that our managers and staff take advantage of the DOC security training and provide me with feedback on their attendance.

Donald P. Doherty, MS, CCHP

Senior Vice President of Operations for Community Corrections

Phone: 347-774-7010

Fax: 347-774-8053

E-Mail: Donald.Doherty@CorizonNYC.com <mailto:dohertydd@riepf.com>

Mailing: 49-04 19th Avenue| Astoria, NY 11105

www.CorizonHealth.com <<http://www.corizonhealth.com/>>

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From: Williams, Roderick [mailto:Roderick.Williams@doc.nyc.gov]
Sent: Friday, June 13, 2014 4:29 PM
To: Yussuff, Fazal; Lawson, Blair
Cc: Doherty, Donald; Cowan, Jay; MacDonald, Ross; Rosner, Zachary; Donahue, Jerome P.; McNerney, Eileen
Subject: FW: Security & Situational Awareness Training for Corizon staff

FYI -

From: Williams, Roderick
Sent: Friday, June 13, 2014 3:37 PM
To: Suprenant, Brian; Berliner, Erik
Cc: Rivera, Luis. A; Scott, Mark. A; Bailey, Alex; Canty, Yolanda; Collins, Karen; Cuin, Antonio; Duffy, Edmund; Griffin, Linda; Gumusdere, Turhan; Jackson, Darren; Newton, Carlton; Perrino, James; Stukes, Kenneth; Purvis, Ronnie; Melendez, Miguel; Bullaro, Marc; Hall, Andrea; Vasquez Jr., Eddie; Bialek, Nathaniel; Vazquez, Victor; VonBraunsberg, Marc
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Tuesday, July 15 - GMDC
Tuesday, July 22 - MDC
Tuesday, July 29 - RMSC

Remaining facilities will be scheduled.

CORIZON_001310

Any questions or concerns, please contact me.

Thank you.

Roderick Williams
Assistant Commissioner
Health Affairs and Forensic Services
New York City Department of Correction
360 Mandanici Road
E. Elmhurst, New York 11370
718 546-8378 (office)
718 546-8104 (fax)

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From: McNerney, Eileen
Subject: IMPORTANT CALENDAR OF TRAININGS: Security & Situational Awareness Training for Corizon staff
To: Strachan, George; Balilo, Ofelia; Baksh, Sherene; Mitchell-Bennett, Tracie; Persaud, Bryan
Cc: 'Bartoli, Tracy'; 'Gildehaus, Angela'; Donahue, Jerome P.; 'Bialek, Nathaniel'; 'marc.bullaro@doc.nyc.gov'
Sent: June 24, 2014 3:56 PM
Attached: rtf-body.rtf

FYI. Please see below for training dates in your facility. George, you are up next on July 1 at RNDC. Ofelia, you follow on July 8 at OBCC.

Please coordinate with Captain Bialek (copied on this email) regarding the exact location in your respective facilities where training will take place. Please keep me and Jerry in the loop.

Training is mandatory. Staff should be informed to attend promptly at either 8 am or 4 pm.

Eileen

From: Williams, Roderick
Sent: Friday, June 13, 2014 3:37 PM
To: Suprenant, Brian; Berliner, Erik
Cc: Rivera, Luis. A; Scott, Mark. A; Bailey, Alex; Canty, Yolanda; Collins, Karen; Cuin, Antonio; Duffy, Edmund; Griffin, Linda; Gumusdere, Turhan; Jackson, Darren; Newton, Carlton; Perrino, James; Stukes, Kenneth; Purvis, Ronnie; Melendez, Miguel; Bullaro, Marc; Hall, Andrea; Vasquez Jr., Eddie; Bialek, Nathaniel; Vazquez, Victor; VonBraunsberg, Marc
Subject: Security & Situational Awareness Training for Corizon staff

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The following dates have been tentatively scheduled through July (locations within the facility to be determined):

Tuesday, June 17 - GRVC (8 am and 4 pm training completed)

CORIZON_001312

Tuesday, June 24 - AMKC (8 am completed; 4 pm training scheduled for today)

Tuesday, July 1 - RNDC

Tuesday, July 8 - OBCC

Tuesday, July 15 - GMDC

Tuesday, July 22 - MDC

Tuesday, July 29 - RMSC

Remaining facilities will be scheduled.

Any questions or concerns, please contact me.

Thank you.

Roderick Williams

Assistant Commissioner

Health Affairs and Forensic Services

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From: Berliner, Erik
Subject: Re: When Medical Staff is Called to Housing Areas for Emergencies
To: McNerney, Eileen; Wax, Ari
Cc: Venters, Homer; Yussuff, Fazal; Bullaro, Marc
Sent: July 1, 2014 4:38 PM
Attached: Letter to Geralda regarding layoffs 090106.doc, Q2 2004 Projected Expenses.xls

We will address this. Thanks for the feedback.

From: McNerney, Eileen [mailto:Eileen.McNerney@CorizonNYC.com]
Sent: Tuesday, July 01, 2014 12:36 PM
To: Wax, Ari; Berliner, Erik
Cc: Venters, Homer ; Yussuff, Fazal ; Bullaro, Marc
Subject: When Medical Staff is Called to Housing Areas for Emergencies

Hello Commissioners Wax and Berliner:

Dep. Marc Bullaro has been holding Safety & Situational Awareness Training in each of the facilities. This morning, training was held at RNDC.

While each of the facilities has its own unique problems, one of the common issues involves the problem of medical staff responding to emergencies in housing areas. In a nutshell, while staff is attending to the patient with the medical problem in the housing area, other inmates flock around the emergency scene. This creates a safety hazard for both staff and patient alike.

Would it be possible for DOC to issue an order stating that when an emergency is called, the following protocol should occur:

-) A Housing Area Captain will respond immediately to the area;
-) The Housing Area CO will work to clear the area while awaiting the arrival of the Housing Area Captain. Then the Captain will work along with the CO to keep the area clear on an ongoing basis while the emergency is being addressed by medical staff.

This will certainly go a long way to helping staff feel safe while they are responding to emergencies in housing areas.

Thank you,

Eileen McNerney

Eileen McNerney

Regional Labor and Employee Relations Manager, Rikers Island



Phone: 347.774.7294 (new)

Cell: 347.899.1887

Fax: 347-774-8158 (new)

E-Mail: eileen.mcnerney@CorizonNYC.com

Mailing: 49-04 19th Avenue Astoria, NY 11105

-



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CORIZON_001315

From: Donahue, Jerome P.
Subject: FW: Security & Situational Awareness Training for Corizon staff
To: zissue@bssfny.com; Gildehaus, Angela (Angela.Gildehaus@CorizonHealth.com)
Sent: July 21, 2014 3:49 PM
Attached: rtf-body.rtf, image001.png

From: Gildehaus, Angela [mailto:Angela.Gildehaus@CorizonHealth.com]
Sent: Monday, June 16, 2014 12:59 PM
To: McNerney, Eileen; Donahue, Jerome P.
Cc: Cochran, Clair
Subject: RE: Security & Situational Awareness Training for Corizon staff

Thank you, I hope it is informative and engaging for our staff!

Angela Gildehaus

Manager, Employee Safety Workers' Compensation

314-919-9391 phone

1-800-262-9511 fax

From: McNerney, Eileen [mailto:Eileen.McNerney@CorizonNYC.com]
Sent: Monday, June 16, 2014 11:09 AM
To: Donahue, Jerome P.; Gildehaus, Angela
Cc: Cochran, Clair
Subject: RE: Security & Situational Awareness Training for Corizon staff

The test run will be tomorrow at grvc. We will attend.

From: Donahue, Jerome P.
Sent: Monday, June 16, 2014 11:51 AM
To: 'Gildehaus, Angela'; McNerney, Eileen
Cc: Cochran, Clair
Subject: RE: Security & Situational Awareness Training for Corizon staff

We will attend most of the training seminars.

From: Gildehaus, Angela [mailto:Angela.Gildehaus@CorizonHealth.com]
Sent: Monday, June 16, 2014 11:12 AM
To: Donahue, Jerome P.; McNerney, Eileen
Cc: Cochran, Clair

Subject: RE: Security & Situational Awareness Training for Corizon staff

Outstanding, are you and/or Eileen able to attend? I would appreciate your feedback on the training provided.

Great Job!!!

Angie

Angela Gildehaus

Manager, Employee Safety Workers' Compensation

314-919-9391 phone

1-800-262-9511 fax

From: Donahue, Jerome P. [mailto:Jerome.Donahue@CorizonNYC.com]
Sent: Monday, June 16, 2014 9:06 AM
To: Cochran, Clair; Gildehaus, Angela
Cc: McNerney, Eileen
Subject: FW: Security & Situational Awareness Training for Corizon staff

Eileen was successful in getting DOC to start training for our staff.

From: Williams, Roderick [mailto:Roderick.Williams@doc.nyc.gov]
Sent: Friday, June 13, 2014 4:29 PM
To: Yussuff, Fazal; Lawson, Blair
Cc: Doherty, Donald; Cowan, Jay; MacDonald, Ross; Rosner, Zachary; Donahue, Jerome P.; McNerney, Eileen
Subject: FW: Security & Situational Awareness Training for Corizon staff

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Cc: Rivera, Luis. A; Scott, Mark. A; Bailey, Alex; Canty, Yolanda; Collins, Karen; Cuin, Antonio; Duffy, Edmund; Griffin, Linda; Gumusdere, Turhan; Jackson, Darren; Newton, Carlton; Perrino, James; Stukes, Kenneth; Purvis, Ronnie; Melendez, Miguel; Bullaro, Marc; Hall, Andrea; Vasquez Jr., Eddie; Bialek, Nathaniel; Vazquez, Victor; VonBraunsberg, Marc
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Tuesday, July 1 - RNDC

Tuesday, July 8 - OBCC

Tuesday, July 15 - GMDC

Tuesday, July 22 - MDC

Tuesday, July 29 - RMSC

Remaining facilities will be scheduled.

Any questions or concerns, please contact me.

Thank you.

Roderick Williams

Assistant Commissioner

Health Affairs and Forensic Services

New York City Department of Correction

360 Mandanici Road

E. Elmhurst, New York 11370

718 546-8378 (office)

718 546-8104 (fax)

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Subject: FW: Security & Situational Awareness Training for Corizon staff
To: zissue@bssfny.com
Cc: Gildehaus, Angela (Angela.Gildehaus@CorizonHealth.com)
Sent: July 21, 2014 3:49 PM
Attached: rtf-body.rtf, image002.jpg, image001.png

From: Persaud, Bryan
Sent: Wednesday, June 18, 2014 10:30 AM
To: Dist - RMSC Team Leaders; Anis, Syed; Thomas, Pierre; Regalado, Gabriella; Shillingford, Gregory; Cruz, Irada; Dist - Rikers RMSC Safety Committee
Cc: Donahue, Jerome P.
Subject: FW: Security & Situational Awareness Training for Corizon staff

Please see below. Please inform all respective staff.

Safety cmtee - kindly inform your respective co - workers / union members.

Bryan Persaud

Health Services Administrator

Rikers Island Correctional Facility, Rose M. Singer Center
<image001.jpg>

Office: 347-774-7610

Cell: 347-899-1802

Fax: 718-546-7678

E-Mail: Bryan.Persaud@CorizonNYC.com <mailto:Bryan.Persaud@CorizonNYC.com>

Mailing: 49-04 19th Avenue| Astoria, NY 11105

www.CorizonHealth.com <http://www.corizonhealth.com/>

<image002.jpg>Please consider the environment before printing this email.

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From: Donahue, Jerome P.
Sent: Wednesday, June 18, 2014 10:28 AM
To: Dist - Rikers Exec Team; Dist - Rikers HSA; Dist - Rikers DON; Dist - Rikers MH Unit Chiefs
Cc: Cochran, Clair; Gildehaus, Angela (Angela.Gildehaus@CorizonHealth.com <mailto:Angela.Gildehaus@CorizonHealth.com>)
Subject: FW: Security & Situational Awareness Training for Corizon staff

Please review the schedule below and make every effort to attend in your building and encourage your staff to participate.

From: Doherty, Donald
Sent: Wednesday, June 18, 2014 7:40 AM
To: Donahue, Jerome P.
Cc: Cowan, Jay; Leibowitz, Neil; Yussuff, Fazal
Subject: FW: Security & Situational Awareness Training for Corizon staff

Jerry:

Please ensure that our managers and staff take advantage of the DOC security training and provide me with feedback on their attendance.

Donald P. Doherty, MS, CCHP

Senior Vice President of Operations for Community Corrections

Phone: 347-774-7010

Fax: 347-774-8053

E-Mail: Donald.Doherty@CorizonNYC.com <mailto:dohertydd@riepf.com>

Mailing: 49-04 19th Avenue| Astoria, NY 11105

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From: Williams, Roderick [mailto:Roderick.Williams@doc.nyc.gov]
Sent: Friday, June 13, 2014 4:29 PM
To: Yussuff, Fazal; Lawson, Blair
Cc: Doherty, Donald; Cowan, Jay; MacDonald, Ross; Rosner, Zachary; Donahue, Jerome P.; McNerney, Eileen
Subject: FW: Security & Situational Awareness Training for Corizon staff

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Remaining facilities will be scheduled.

CORIZON_001322

Any questions or concerns, please contact me.

Thank you.

Roderick Williams
Assistant Commissioner
Health Affairs and Forensic Services
New York City Department of Correction
360 Mandanici Road
E. Elmhurst, New York 11370
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